

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No.  
17-md-2804

Judge Dan Aaron  
Polster

This document relates to:

The County of Cuyahoga v. Purdue Pharma, et  
al., Case No. 17-OP-45004

City of Cleveland, Ohio v. Purdue Pharma L.P.,  
et al., Case No. 18-OP-45132

The County of Summit, Ohio, et al. v. Purdue  
Pharma L.P., et al., Case No. 18-OP-45090

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Videotaped Deposition of  
KIMBERLY PATTON  
January 22, 2019  
9:13 a.m.

Taken at:  
Brennan Manna & Diamond  
75 East Market Street  
Akron, Ohio

Stephen J. DeBacco, RPR

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the City of Akron, Summit County, and the Witness:</p> <p>4</p> <p>5 Motley Rice LLC, by ANNE MCGINNESS KEARSE, ESQ. DANIELLE M. SALERNO, ESQ. 28 Bridgeside Boulevard Mt. Pleasant, South Carolina 29464 (843) 216-9140 akearse@motleyrice.com (843) 216-9461 dsalerno@motleyrice.com</p> <p>9</p> <p>10 On behalf of Walmart, Inc.:</p> <p>11 Jones Day, by KRISTIN S.M. MORRISON, ESQ. North Point 901 Lakeside Avenue Cleveland, Ohio 44114-1190 (216) 586-7375 kmorrison@jonesday.com</p> <p>15</p> <p>16 On behalf of AmerisourceBergen Drug Corporation, via teleconference:</p> <p>17 Jackson Kelly, PLLC, by JILL McINTYRE, ESQ. 500 Lee Street East, Suite 1600 Charleston, West Virginia 25301-3202 (304) 340-1018 jmcintyre@jacksonkelly.com</p> <p>20</p> <p>21 ~ ~ ~ ~ ~</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Endo Pharmaceuticals, Inc., Endo Health Solutions, Inc., Par Pharmaceuticals, Inc. and Par Pharmaceutical Companies, Inc.:</p> <p>4</p> <p>5 Arnold &amp; Porter Kaye Scholer, by NICOLE R. LEIBOW, ESQ. 250 West 55th Street New York, New York 10019-9710 (212) 836-7838 nicole.leibow@arnoldporter.com</p> <p>8</p> <p>9 On behalf of McKesson Corporation:</p> <p>10 Covington &amp; Burling LLP, by BRYANT E. PULSIPHER, ESQ. One Front Street San Francisco, California 94111-5356 (415) 591-7055 bpulsipher@cov.com</p> <p>12</p> <p>13</p> <p>14 On behalf of Johnson &amp; Johnson and Janssen Pharmaceuticals, Inc.:</p> <p>15</p> <p>16 Tucker Ellis, LLP, by BRENDA A. SWEET, ESQ. 950 North Main Avenue, Suite 1100 Cleveland, Ohio 44113 (216) 696-2493 brenda.sweet@tuckerellis.com</p> <p>18</p> <p>19 ~ ~ ~ ~ ~</p> <p>20 ALSO PRESENT:</p> <p>21 Joe VanDetta, Legal Videographer</p> <p>22 ~ ~ ~ ~ ~</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Cephalon, Inc.; Teva Pharmaceuticals USA, Inc.; Actavis, LLC; Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.; and Watson Laboratories, Inc.:</p> <p>4</p> <p>5 Morgan, Lewis &amp; Bockius LLP, by WENDY WEST FEINSTEIN, ESQ. One Oxford Centre, 32nd Floor Pittsburgh, Pennsylvania 15219-6401 (412) 560-7455 wendy.feinstein@morganlewis.com</p> <p>8</p> <p>9 On behalf of Cardinal Health:</p> <p>10 Williams &amp; Connolly, by PAUL E. BOEHM, ESQ. Williams &amp; Connolly LLP 725 Twelfth Street Northwest Washington, D.C. 20005 (202) 434-5366 pboehm@wc.com</p> <p>13</p> <p>14</p> <p>15 On behalf of Cephalon, Inc.; Teva Pharmaceuticals USA, Inc.; Actavis, LLC; Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.; and Watson Laboratories, Inc., via teleconference:</p> <p>16</p> <p>17 Morgan, Lewis &amp; Bockius LLP, by ZACHARY R. LAZAR, ESQ. 77 West Wacker Drive Chicago, Illinois 60601-5094 (312) 324-1492</p> <p>20</p> <p>21 ~ ~ ~ ~ ~</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 5</p> <p>1 TRANSCRIPT INDEX</p> <p>2</p> <p>3 APPEARANCES..... 2</p> <p>4</p> <p>5 INDEX OF EXHIBITS ..... 6</p> <p>6</p> <p>7 EXAMINATION OF KIMBERLY PATTON</p> <p>8 By Ms. Feinstein..... 11</p> <p>9 By Mr. Boehm..... 248</p> <p>10 By Ms. Morrison..... 260</p> <p>11 By Ms. Kearse..... 267</p> <p>12 By Ms. Feinstein..... 273</p> <p>13 By Mr. Boehm..... 276</p> <p>14</p> <p>15 REPORTER'S CERTIFICATE..... 282</p> <p>16</p> <p>17 EXHIBIT CUSTODY</p> <p>18 EXHIBITS RETAINED BY THE COURT REPORTER</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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<p style="text-align: right;">Page 10</p> <p>1 THE VIDEOGRAPHER: We are now on  2 the record.  3 The date is January 22, 2019. The  4 time is 9:13 a.m.  5 The caption of this case is In Re:  6 National Prescription Opiate Litigation.  7 The name of the witness is Kimberly  8 Patton.  9 At this time, the attorneys present  10 and those attending remotely will identify  11 themselves and the parties they represent.  12 MS. KEARSE: Anne Kears with  13 Motley Rice on behalf of the County of Summit,  14 City of Akron, and the Witness.  15 MS. SALERNO: Danielle Salerno with  16 Motley Rice on behalf of Summit County, City of  17 Akron, and the Witness.  18 MS. FEINSTEIN: Wendy West  19 Feinstein with Morgan Lewis on behalf of the  20 Teva Defendants.  21 MR. BOEHM: Paul Boehm with  22 Williams &amp; Connolly for Cardinal Health.  23 MS. MORRISON: Kristin Morrison,  24 Jones Day, for Walmart.  25 THE VIDEOGRAPHER: Those on the</p>	<p style="text-align: right;">Page 12</p> <p>1 Defendants in this litigation.  2 Could you please state your full  3 name for the record?  4 A. Kimberly Patton.  5 Q. Where do you live?  6 A. For the purpose of this, I want  7 to -- is it okay if I wanted to give the County  8 of Summit ADM address?  9 Q. Well, that's fine to have you work  10 address, but I'd also like to know where you  11 live as well.  12 A. Okay. Work address is 1867 West  13 Market Street, Suite B, Akron, Ohio 44313.  14 Q. Thank you.  15 A. The home address, I live in  16 Cuyahoga County.  17 Q. Okay. And the city of Parma?  18 A. Correct.  19 Q. For how long have you lived in  20 Cuyahoga County?  21 A. With the exception of six months,  22 all of my life.  23 Q. For how long have you worked in  24 Summit County?  25 A. May 2nd of 2016.</p>
<p style="text-align: right;">Page 11</p> <p>1 phone?  2 MS. LEIBOW: Nicole Leibow with  3 Arnold &amp; Porter on behalf of Endo and Par.  4 MR. LAZAR: Zachary Lazar of Morgan  5 Lewis on behalf of the Teva Defendants.  6 MR. PULSIPHER: Bryant Pulsipher of  7 Covington &amp; Burling for McKesson.  8 MS. SWEET: Brenda Sweet of Tucker  9 Ellis on behalf of Janssen and Johnson &amp;  10 Johnson.  11 THE VIDEOGRAPHER: Will the court  12 reporter please swear in the witness.  13 KIMBERLY PATTON, of lawful age, called  14 for examination as provided by the Federal  15 Rules of Civil Procedure, being by me first  16 duly sworn, as hereinafter certified, deposed  17 and said as follows:  18 EXAMINATION OF KIMBERLY PATTON  19 BY MS. FEINSTEIN:  20 Q. Good morning, Ms. Patton.  21 A. Good morning.  22 Q. I'll reintroduce myself. We met  23 briefly before we went on the record this  24 morning. My name is Wendy West Feinstein. I  25 am with Morgan Lewis, and I represent the Teva</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. When you started with the ADM  2 Board?  3 A. Correct.  4 Q. Have you ever had your deposition  5 taken before?  6 A. No.  7 Q. As your attorneys may have  8 explained to you, I'm going to be asking you a  9 series of questions today. The court reporter  10 is taking down everything that's being said in  11 the room while we're on the record.  12 And you understand that?  13 A. Yes.  14 Q. And the videographer is also  15 recording everything that occurs in the room  16 while we're on the record.  17 You understand that?  18 A. Yes.  19 Q. Even though we have the  20 videographer, it's really important, and you're  21 doing a great job so far, that you answer  22 verbally rather than with gestures, so that the  23 written transcript is accurate, okay?  24 A. Yes.  25 Q. If at any time I ask you a question</p>

<p style="text-align: right;">Page 14</p> <p>1 that you don't understand, please let me know  2 and I'll do my best to rephrase it, okay?  3 A. Yes.  4 Q. If you answer a question that I've  5 asked, I'll assume that you understood as I've  6 asked it. Is that fair?  7 A. Yes.  8 Q. Have you ever testified in any  9 proceeding?  10 A. No.  11 Q. Have you ever given a sworn written  12 statement?  13 A. No.  14 Q. What did you do to get ready for  15 your deposition today?  16 A. I have met with the attorneys on, I  17 would -- on four occasions.  18 Q. And for how long did you meet with  19 the attorneys?  20 A. The time varied, but it ranged from  21 two to four hours, during each session.  22 Q. When were those sessions?  23 A. I don't have the exact dates. The  24 first time I met with them was back in August  25 of 2018. I met with them on two occasions. I</p>	<p style="text-align: right;">Page 16</p> <p>1 A. The extent of our conversation was  2 just simply how long did it take. I have two  3 young children, so it was me trying to be  4 proactive in making childcare arrangements.  5 Q. Who did you talk to?  6 A. I did ask Eric Hutzell how long he  7 was deposed for, and then I also asked Doug  8 Smith.  9 Q. What did they tell you?  10 A. They said it will be a long day.  11 Q. Did you talk with either  12 Mr. Hutzell or Dr. Smith about the substance of  13 their testimony?  14 A. No.  15 Q. Did you read either of their  16 transcripts?  17 A. No.  18 Q. Did you ask either of them about  19 any exhibits that were shown during their  20 depositions?  21 A. No.  22 Q. Did either of them offer that  23 information to you?  24 A. No.  25 Q. Did you talk with anyone else about</p>
<p style="text-align: right;">Page 15</p> <p>1 met again with them in November of 2018, and I  2 met with them lastly last week, which was  3 January 17th.  4 Q. How long did you meet with them  5 last week?  6 A. For two hours.  7 Q. Did you review any documents to  8 prepare for your deposition?  9 A. In looking at documents, it wasn't  10 too -- I was just looking at some of the  11 e-mails; they had some questions for clarifying  12 information.  13 Q. Did any of the e-mails refresh your  14 recollection of events?  15 A. No.  16 Q. Do you recall the subject matter of  17 any of those e-mails?  18 A. Recovery housing was one of the  19 topics.  20 Q. Anything else that you recall?  21 A. One of the other topics was an  22 e-mail in regards to residential treatment.  23 Q. Did you talk with any of the other  24 members of the ADM Board who have also been  25 deposed?</p>	<p style="text-align: right;">Page 17</p> <p>1 depositions in this litigation, whether with  2 the ADM Board or otherwise?  3 A. No.  4 Q. When did you talk with Dr. Smith?  5 A. I would say approximately two --  6 two and a half weeks ago.  7 Q. When did you talk with Mr. Hutzell?  8 A. I texted him the evening of his  9 deposition and asked how long it took.  10 Q. Other than telling you it would be  11 a long day, did they tell you -- give you any  12 other tips for the deposition?  13 A. No. Eric Hutzell said to bring  14 snacks.  15 Q. That's a good suggestion.  16 Did you talk with Mr. Craig at all?  17 A. No.  18 Q. You mentioned that you joined the  19 ADM Board on May 2, 2016, right?  20 A. Correct.  21 Q. You have a college degree?  22 A. Correct.  23 Q. From where did you get your college  24 degree?  25 A. I received my bachelor's in</p>

<p style="text-align: right;">Page 18</p> <p>1 psychology from Kent State University in 2002.  2 And then I received my master's of social  3 science administration from Case Western  4 Reserve University in May of 2009.  5 Q. Did you go straight from college to  6 the master's program at Case?  7 A. No, I did not.  8 Q. What did you do in between?  9 A. In between I worked for Franklin  10 County Child Support in Columbus, Ohio. I did  11 also receive a certificate from Columbus State  12 Community College during that time period, to  13 use that education towards my licensure for  14 chemical dependency counseling. And that was  15 an 18-month program.  16 Q. Where is Columbus State?  17 A. Columbus State Community College is  18 in downtown Columbus, Ohio.  19 Q. How long was that program?  20 A. 18 months.  21 Q. And you said that you attained a  22 certificate?  23 A. Correct.  24 Q. Did you have to take any exam to  25 attain that certificate?</p>	<p style="text-align: right;">Page 20</p> <p>1 my new employment.  2 Q. Were you applying for any jobs  3 internally at the ADM Board at that time?  4 A. No, I was not. I did presentations  5 at some state conferences, and part of that  6 requirement is to submit an updated resume.  7 Q. Did any of the presentations --  8 strike that.  9 When were the presentations at  10 state conferences? In 2018?  11 A. I'd presented at the OACBHA opiate  12 conference in 2017, as well as 2018.  13 Q. Where is that conference?  14 A. Columbus, Ohio.  15 Q. What did you present?  16 A. I presented on Quick Response  17 Teams. In 2017, we presented about our first  18 implementation of Quick Response Teams in  19 Summit County. In 2018, I presented as a  20 followup of one year into utilization of those  21 teams.  22 Q. So another report on the QRT?  23 A. Correct.  24 Q. Did anyone present with you?  25 A. In 2017, I had three co-presenters:</p>
<p style="text-align: right;">Page 19</p> <p>1 A. At Columbus State, no, I did not.  2 - - - - -  3 (Thereupon, Deposition Exhibit 1,  4 Kimberly Patton Resume,  5 SUMMIT_001128843 to 001128846, was  6 marked for purposes of  7 identification.)  8 - - - - -  9 Q. I'm going to hand you what we have  10 marked as Exhibit 1 for identification  11 purposes.  12 Can you please identify Exhibit 1  13 for the record?  14 A. It is my resume.  15 Q. Is this a current version of your  16 resume?  17 A. Yes.  18 Q. Can you tell me, from looking at  19 Exhibit 1, in what year it was prepared?  20 A. I would say it was most likely  21 updated in 2018.  22 Q. And for what purpose was this  23 prepared in 2018?  24 A. Simply just to reflect the current  25 employment. I had not updated it since I had</p>	<p style="text-align: right;">Page 21</p> <p>1 two staff from Oriana House and a Cuyahoga  2 Falls police officer.  3 Q. How about in 2018? Did anyone --  4 A. I presented alone.  5 Q. Okay. Did you prepare a PowerPoint  6 for either of those years?  7 A. Yes.  8 Q. Both years?  9 A. Yes.  10 Q. Did you prepare the PowerPoint  11 yourself?  12 A. I worked in collaboration with the  13 two counselors from Orianna House for the  14 PowerPoint in 2017, and I created it myself in  15 2018.  16 Q. Did you use any prepared slides  17 that the ADM Board had to develop your  18 PowerPoint for the OACBHA conference in 2018?  19 A. Not that I recall.  20 Q. So you created the slides on your  21 own?  22 A. Correct.  23 Q. How about for the presentation that  24 was done in 2017? Did you use any prepared  25 slides that already existed at the ADM Board at</p>



<p style="text-align: right;">Page 22</p> <p>1 that time?</p> <p>2 A. Not that I recall.</p> <p>3 Q. In 2017, what was the arrangement,</p> <p>4 if any, between -- or the relationship between</p> <p>5 Oriana House and the ADM Board?</p> <p>6 A. Are you referencing specifically to</p> <p>7 the presentation or in general?</p> <p>8 Q. Let's start first in general, and</p> <p>9 then -- and then talk about the presentation</p> <p>10 specifically.</p> <p>11 So in general, in 2017, what is</p> <p>12 your understanding of the relationship between</p> <p>13 Oriana House and the ADM Board?</p> <p>14 A. Oriana House, it was a con- -- is</p> <p>15 and was at that time a contracted provider of</p> <p>16 the ADM Board.</p> <p>17 Q. What services did Oriana House</p> <p>18 provide in 2017?</p> <p>19 A. Are you referencing specifically</p> <p>20 services funded through the ADM Board or --</p> <p>21 Q. Yes, let's start there first.</p> <p>22 A. So the services funded by the ADM</p> <p>23 Board in 2017 through -- for Oriana House, we</p> <p>24 fund a counselor position for the Quick</p> <p>25 Response Teams. Then we also do provide</p>	<p style="text-align: right;">Page 24</p> <p>1 A. The detox program that is funded</p> <p>2 through ADM is for substances that are deemed a</p> <p>3 medical necessity for detox services.</p> <p>4 Q. So medically-assisted treatment?</p> <p>5 A. No. What I was referencing was if</p> <p>6 a person presents using a specific substance,</p> <p>7 such as opioids, they meet the criteria for</p> <p>8 withdrawal management. So for medical</p> <p>9 necessity, if -- there are other substances</p> <p>10 that a person may be using that will not meet</p> <p>11 medical necessity for the need of withdrawal</p> <p>12 management.</p> <p>13 Q. What other types of substances,</p> <p>14 besides opioids, may qualify for a medical</p> <p>15 necessity withdrawal treatment?</p> <p>16 A. The other two substances are</p> <p>17 benzodiazepines and alcohol.</p> <p>18 Q. Do you have any idea -- or strike</p> <p>19 that.</p> <p>20 Do you know about how much of the</p> <p>21 detox services provided by Oriana House, as</p> <p>22 funded by the ADM Board, relate to opioids</p> <p>23 versus benzo and alcohol?</p> <p>24 A. I do not know that.</p> <p>25 Q. The counselor position at Oriana</p>
<p style="text-align: right;">Page 23</p> <p>1 funding to them for detox services.</p> <p>2 Q. Anything else?</p> <p>3 A. Off the top of my head, I can't</p> <p>4 recall all the specifics that is funded.</p> <p>5 Q. Who handles the funding</p> <p>6 relationship between Oriana House and the ADM</p> <p>7 Board, if you know?</p> <p>8 A. Are you referencing, in general,</p> <p>9 what's agreed upon in the contract, the dollar</p> <p>10 amounts?</p> <p>11 Q. So who at the ADM Board handles</p> <p>12 determining what services the ADM Board will</p> <p>13 contract with Oriana House for?</p> <p>14 A. It's my understanding that</p> <p>15 ultimately our management, along with Jerry</p> <p>16 Craig, meets with their management and agrees</p> <p>17 upon the services.</p> <p>18 Q. You mentioned the counselor</p> <p>19 position for the Quick Response Team, and then</p> <p>20 detox services that -- that you're aware of</p> <p>21 that ADM Board contracts with Oriana House for,</p> <p>22 right?</p> <p>23 A. Correct.</p> <p>24 Q. Do the detox services, are they</p> <p>25 focused on all substances or just opioids?</p>	<p style="text-align: right;">Page 25</p> <p>1 House for the Quick Response Team, does that</p> <p>2 counselor position work with Quick Response</p> <p>3 Team on overdoses for substances other than</p> <p>4 opioids?</p> <p>5 A. They go out on -- the calls that</p> <p>6 they go out are -- so the police departments</p> <p>7 get calls for overdoses that they respond to</p> <p>8 for the opioids. There are sometimes other</p> <p>9 substances also present in the system, but the</p> <p>10 primary substance that they respond to these</p> <p>11 visits for is opioids.</p> <p>12 Q. Do you know whether there is any</p> <p>13 percentage of the Quick Response Team responses</p> <p>14 that are for substances other than opioids, not</p> <p>15 in combination with opioids?</p> <p>16 A. Off the top of my head, I don't</p> <p>17 have that information.</p> <p>18 Q. And the context of my question was</p> <p>19 what was the ADM Board's relationship with</p> <p>20 Oriana House, generally, aside from your</p> <p>21 speaking in 2017. Do you understand that</p> <p>22 relationship to have been the same in 2018 as</p> <p>23 well?</p> <p>24 A. Yes.</p> <p>25 Q. How about 2016 when you first</p>

<p style="text-align: right;">Page 26</p> <p>1 joined the ADM Board? Do you have any 2 understanding of what the ADM Board's 3 relationship with Oriana House was at that 4 time? 5 A. At the -- I don't know what all 6 specific services were covered under the 7 contract. I do know that the Quick Response 8 Team piece was added in 2017. So in 2016, that 9 was not a funded part. 10 Q. With respect to the presentation 11 that you did in conjunction with some folks 12 from Oriana House, what was the relationship 13 between the ADM and the people at the Oriana 14 House for purposes of that OACBHA presentation? 15 A. The two counselors presented with 16 me participated in the Quick Response Teams. 17 Oriana House counselors specifically 18 participated in -- they are the counselors in 19 six out of nine teams in the community. 20 Q. There are a total of nine Quick 21 Response Teams now? 22 A. Correct. With 10 communities being 23 represented. 24 Q. Does the ADM Board manage the 25 funding for those Quick Response Teams?</p>	<p style="text-align: right;">Page 28</p> <p>1 funding. 2 Q. Have you presented any -- at -- 3 strike that. 4 Have you given any other 5 presentations related to opioids since joining 6 the ADM Board? 7 A. Opioids have been part of the 8 presentation. I do speak at some master's of 9 social work classes, as an informal 10 presentation at some of their class sessions. 11 I've done it once a year for -- in 2016, 2017, 12 as well as 2018, as an overview of substance 13 use and how to assess individuals with 14 substance use. And then part of that 15 presentation also included what are some 16 resources available to individuals in Summit 17 County. 18 Q. Where have you given that 19 presentation, the master's of social work 20 classes? 21 A. In the Polsky Building at the 22 University of Akron, in a classroom setting. 23 Q. So through the University of Akron? 24 A. Correct. Approximately 20 to 25 25 students.</p>
<p style="text-align: right;">Page 27</p> <p>1 A. The ADM funds counselor positions. 2 So Oriana House works with six of the Quick 3 Response Team. We have Summit County public 4 health that works with the City of Akron's 5 Quick Response Team, and we have CHC Addiction 6 Services that works with two of the teams. And 7 our role is funding -- providing funding for 8 that counselor position to be part of the team 9 to go out. 10 Q. Where does the funding come from 11 for the counselor position? 12 A. I don't know specifically. 13 Q. Do you know whether it's a grant 14 from the state? 15 A. I -- it is not a grant that we 16 applied for. I know it is ADM funding, and as 17 far as what specific line item or where that 18 funding stream is from directly, I don't know. 19 Our finance office would know that. 20 Q. So you don't know the ultimate -- 21 you don't know the source of the funds that ADM 22 utilizes to fund these counselor positions for 23 the Quick Response Team? 24 A. I do know there was no grants 25 applied for to utilize it, but that it was ADM</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. How many times have you given that 2 presentation? 3 A. Once a year for the last three 4 years. 5 Q. Do you use a PowerPoint for that 6 presentation? 7 A. I do not. 8 Q. Do you have any printed materials 9 that you provide to the students? 10 A. Other than resource guides or 11 materials of resources within the community, 12 no, I do not. 13 Q. What are resource guides? 14 A. We have an addiction resource guide 15 that we have created. We created it in January 16 of 2017 to provide information of where 17 individuals can go for treatment, MAT 18 treatment, peer support, recovery housing, 19 self-help groups. 20 Q. And I think you mentioned that you 21 provide other -- information regarding other 22 resources. Are those printed materials as 23 well, in addition to the resource guide? 24 A. We also had some rack cards printed 25 up for our Addiction Helpline that we</p>



<p style="text-align: right;">Page 30</p> <p>1 presented.</p> <p>2 Q. What are rack cards? Sorry.</p> <p>3 A. I'm sorry. It's a card about this</p> <p>4 large.</p> <p>5 Q. Okay.</p> <p>6 A. It's just a one-page with</p> <p>7 information.</p> <p>8 Q. That -- the rack card specifically</p> <p>9 provides information regarding the ADM</p> <p>10 Helpline?</p> <p>11 A. The ADM Addiction Helpline. It's</p> <p>12 the phone number of where an individual can</p> <p>13 call if they'd like to seek services.</p> <p>14 Q. I'd like to come back to your</p> <p>15 responsibilities at the ADM Board in a little</p> <p>16 bit, but before we do that, I'd like to walk</p> <p>17 through a little bit of your employment history</p> <p>18 if we could. And feel free to refer to</p> <p>19 Exhibit 1 if you'd like, or from memory.</p> <p>20 Whatever -- whatever is convenient for you.</p> <p>21 And, again, Exhibit 1 is a copy of your resume</p> <p>22 that I believe you said you prepared in or</p> <p>23 around 2018.</p> <p>24 So you attained your bachelor's in</p> <p>25 psychology in 2002. And after that, if you</p>	<p style="text-align: right;">Page 32</p> <p>1 means?</p> <p>2 A. So part of the requirement is if</p> <p>3 you facilitate a group or anything at that</p> <p>4 time, this was before electronic health</p> <p>5 records, so it was a paper chart, so I had to</p> <p>6 complete paper documentation of any of the</p> <p>7 groups I performed, in compliance with our</p> <p>8 surveys when we were reviewed to show, in</p> <p>9 accordance to the client's treatment plan, that</p> <p>10 we were offering those services.</p> <p>11 Q. Is it your understanding that</p> <p>12 both -- and strike that. Let me back up a</p> <p>13 little bit.</p> <p>14 That same entry appears in the</p> <p>15 description of the work that you did at</p> <p>16 Deaconess Hospital; is that right?</p> <p>17 A. Yes.</p> <p>18 Q. Is it your understanding that both</p> <p>19 Deaconess Hospital and Lutheran Hospital were</p> <p>20 accredited by the Joint Commission?</p> <p>21 A. Yes.</p> <p>22 Q. Did both of those facilities also</p> <p>23 have some sort of CMS accreditation?</p> <p>24 A. Yes.</p> <p>25 Q. What is your understanding of what</p>
<p style="text-align: right;">Page 31</p> <p>1 could take a look at the last page of your</p> <p>2 resume and the second to last page of your</p> <p>3 resume. It looks like you were employed as a</p> <p>4 behavioral health technician at two different</p> <p>5 locations; is that right?</p> <p>6 A. Yes.</p> <p>7 Q. What did you do as a behavioral</p> <p>8 health technician at Deaconess Hospital and at</p> <p>9 Lutheran Hospital?</p> <p>10 A. I worked on the psychiatric units,</p> <p>11 adult psychiatric units, and provided some</p> <p>12 basic daily living skill groups, assisted with</p> <p>13 getting their rooms cleaned, assisting with</p> <p>14 meals, assisted with taking vitals on the unit.</p> <p>15 Q. The second bullet under each of</p> <p>16 those job descriptions that talk about the</p> <p>17 things that you did indicates, and I'll just</p> <p>18 read from page Bates ending 845 of Exhibit 1,</p> <p>19 the behavioral health technician at Lutheran</p> <p>20 Hospital. The second bullet reads, "Maintain</p> <p>21 required documentation according to Joint</p> <p>22 Commission and CMS standards."</p> <p>23 A. Yes.</p> <p>24 Q. Do you see that?</p> <p>25 Can you explain to us what that</p>	<p style="text-align: right;">Page 33</p> <p>1 that accreditation means to the facility?</p> <p>2 A. With the CMS accreditation, that is</p> <p>3 the Medicaid system, so in billing the Medicaid</p> <p>4 system for services, there is a set of</p> <p>5 requirements. They also work in conjunction</p> <p>6 with the Joint Commission, and there's a set of</p> <p>7 standards that are put in place for health care</p> <p>8 facilities to follow.</p> <p>9 And if those health care facilities</p> <p>10 do not follow those standards or procedures,</p> <p>11 they are at the risk of having the</p> <p>12 accreditation taken away. It's my</p> <p>13 understanding, with CMS, there's a risk of</p> <p>14 having to pay back funds if you're not meeting</p> <p>15 those standards.</p> <p>16 Q. Do you know whether the -- strike</p> <p>17 that.</p> <p>18 Did either the Joint Commission or</p> <p>19 CMS standards provide to you guidelines to use</p> <p>20 when conducting the -- the groups that you</p> <p>21 facilitated?</p> <p>22 A. No, not that I can recall.</p> <p>23 Q. You mentioned that some of the</p> <p>24 paperwork included something about surveys?</p> <p>25 Can you explain what you meant by that?</p>

<p style="text-align: right;">Page 34</p> <p>1 A. Not about surveys, but I completed 2 documentation in relation to the groups that I 3 facilitated or co-facilitated. We would 4 document the group topic, as well as the 5 patient's response to that topic. 6 Q. I'm sorry. I must have misheard. 7 Did the group's participants 8 complete any paperwork regarding their 9 participation in the group? Was that part of 10 the -- the standards at the time? 11 A. It's my understanding that when 12 clients would be discharged from a facility, 13 there was an -- an exit client survey that they 14 would complete, but I did not participate in 15 those. 16 Q. Do you know whether, at -- in the 17 2002, 2003 time frame when you were with 18 Lutheran Hospital and Deaconess Hospital, 19 whether either of those facilities provided 20 pain management treatment to patients? 21 A. I can't recall specifically, as far 22 as what the pain management would be. 23 Q. Were you involved at all in any 24 type of work with pain management at either of 25 those facilities?</p>	<p style="text-align: right;">Page 36</p> <p>1 either facility, did you receive information 2 regarding Joint Commission standards or 3 expectations? 4 A. Yes. 5 Q. And as a part of that training -- 6 strike that. 7 What was that training that you 8 received for the Joint Commission standards? 9 A. We were provided a basic overview 10 of what the standards were, what the 11 requirements were through the Joint Commission, 12 as well as CMS. And when the surveyors would 13 come to the hospitals, we would have an 14 understanding as to what they would be asking 15 us about so we would be prepared and 16 knowledgeable of what those surveys would look 17 like. 18 Q. Did each of those facilities expect 19 you to comply with the Joint Commission and CMS 20 standards? 21 A. Yes. 22 Q. Did -- at the time, in conducting 23 your groups, did you have discretion to vary 24 from the Joint Commission or CMS standards in 25 conducting your groups?</p>
<p style="text-align: right;">Page 35</p> <p>1 A. No. 2 Q. The groups that you participated in 3 and facilitated, what was the focus or the 4 subject matter of those groups? 5 A. At Deaconess Hospital I worked with 6 adults, so it may be looking at coping skills. 7 It may look at anger management. Some of the 8 individuals had a wide array of mental health 9 diagnoses, as is what they were, primarily 10 mental health facilities. So it was a wide 11 range of topics. 12 At Deac- -- at Lutheran Hospital, I 13 worked with geriatric psychiatry, so older 14 adults. So some of their groups were also on 15 coping skills or recognizing depression, but it 16 was more age appropriate. We also had other 17 mental health issues or just daily living 18 skills that I would assist them with more so on 19 that unit versus the adult units. 20 Q. Did either -- at either facility 21 did you facilitate any groups regarding 22 substance use or substance use disorders? 23 A. I did not. I did not have the 24 education at that time. 25 Q. As a part of your training at</p>	<p style="text-align: right;">Page 37</p> <p>1 A. No. And the Joint Commission and 2 CMS standards didn't really dictate topics 3 discussed in the group programming. It was 4 more along the guidelines of documentation of 5 services, making sure they're in accordance 6 with treatment plan goals and objectives. 7 Q. Moving up in your CV to the 2003 8 time frame, the next position that we see on 9 your CV, which is Exhibit 1, or your resume, is 10 program specialist -- 11 A. Uh-huh. 12 Q. -- at Broadlawns Medical Center -- 13 A. Yes. 14 Q. -- dash, adult mental health. 15 That has a similar sort of description of what 16 you did. 17 Can you tell us what your 18 responsibilities were at Broadlawns Medical 19 Center? 20 A. So that was when I lived in Iowa 21 for approximately four months. It was a county 22 hospital, and I worked on the adult mental 23 health unit at the time. And the program 24 specialist was responsible for some of the 25 similar duties at the other jobs of, as a</p>

<p style="text-align: right;">Page 38</p> <p>1 technician on the floor to assist the RN and</p> <p>2 LPNs on the units, facilitate some basic</p> <p>3 education groups around the coping skills and</p> <p>4 anger management and other topics related to</p> <p>5 that, basic education on mental illness.</p> <p>6 Q. You were also, at Broadlawns,</p> <p>7 responsible for maintaining the required</p> <p>8 documentation for the Joint Commission and CMS</p> <p>9 standards; is that right?</p> <p>10 A. Correct.</p> <p>11 Q. Was there anything different at</p> <p>12 that facility that you had to do to maintain</p> <p>13 the documentation for the Joint Commission and</p> <p>14 CMS standards that you did not have to do at</p> <p>15 either Lutheran or Deaconess Hospital?</p> <p>16 A. Not that I recall.</p> <p>17 Q. Did you receive any specific</p> <p>18 training at Broadlawns Medical Center on the</p> <p>19 Joint Commission and CMS standards?</p> <p>20 A. Nothing different than I would have</p> <p>21 at the other hospitals.</p> <p>22 Q. Then you briefly mentioned earlier</p> <p>23 that you had worked as a support officer at the</p> <p>24 Franklin County Child Support Enforcement</p> <p>25 Agency, right?</p>	<p style="text-align: right;">Page 40</p> <p>1 licensure?</p> <p>2 A. I did.</p> <p>3 Q. After you got your master's degree</p> <p>4 or before?</p> <p>5 A. Prior. While I was in Columbus, I</p> <p>6 completed the program, and after that I sat for</p> <p>7 the examination.</p> <p>8 Q. Is that a state exam?</p> <p>9 A. Yes.</p> <p>10 Q. Do you still hold that license?</p> <p>11 A. I do.</p> <p>12 Q. What do you have to do to maintain</p> <p>13 that license?</p> <p>14 A. Every two years, you have to</p> <p>15 complete 40 hours of continuing education and</p> <p>16 pay a renewal fee.</p> <p>17 Q. Have you ever let your license</p> <p>18 lapse?</p> <p>19 A. No.</p> <p>20 Q. So you've held it continuously</p> <p>21 since 2005?</p> <p>22 A. I want to say I -- the license was</p> <p>23 first obtained early 2006.</p> <p>24 Q. Do you hold any other licenses or</p> <p>25 certificates?</p>
<p style="text-align: right;">Page 39</p> <p>1 A. Correct.</p> <p>2 Q. Then, after that, it looks like you</p> <p>3 held that position from 2003 to 2005 and</p> <p>4 then -- then became a lead substance abuse</p> <p>5 mental illness counselor at Northcoast</p> <p>6 Behavioral Health, right?</p> <p>7 A. Correct.</p> <p>8 Q. At what point in time did you</p> <p>9 obtain your certification in chemical</p> <p>10 dependency?</p> <p>11 A. While I was in Columbus working at</p> <p>12 Franklin County Child Support, I attended</p> <p>13 school in the evening.</p> <p>14 Q. Why did you seek out that</p> <p>15 certification?</p> <p>16 A. When I was in undergraduate school</p> <p>17 at Kent State University in psychology, the</p> <p>18 substance use back- -- background was always</p> <p>19 interesting to me. And ultimately, my goal was</p> <p>20 to return back to school to further my</p> <p>21 education, and the next stepping stone for me</p> <p>22 was to get that certification so that I could</p> <p>23 obtain my licensure to do chemical dependency</p> <p>24 counseling.</p> <p>25 Q. Did you ultimately obtain that</p>	<p style="text-align: right;">Page 41</p> <p>1 A. I also hold my -- am a licensed</p> <p>2 independent social worker with supervision</p> <p>3 designation.</p> <p>4 Q. Does that have a substance --</p> <p>5 substance use specialty with it?</p> <p>6 A. If you have the education, it can</p> <p>7 be within your scope of practice, and I am able</p> <p>8 to practice with substance use with that</p> <p>9 license.</p> <p>10 Q. Anything else?</p> <p>11 A. No.</p> <p>12 Q. While you were in your master's</p> <p>13 program, it looks like you worked as a</p> <p>14 counselor at Northcoast Behavioral Health; is</p> <p>15 that right?</p> <p>16 A. Correct.</p> <p>17 Q. Did you go to -- strike that.</p> <p>18 Were you a full-time employee or a</p> <p>19 part-time employee while you were in school?</p> <p>20 A. Full-time.</p> <p>21 Q. Describe for us, if you will --</p> <p>22 you've got a lot of detailed bullets here on</p> <p>23 your -- on your resume of what you did in -- in</p> <p>24 your job as a lead substance abuse mental</p> <p>25 illness counselor, but if you could just kind</p>

<p style="text-align: right;">Page 42</p> <p>1 of briefly summarize for us, what were your --  2 was your role and your responsibilities in that  3 job?  4 A. When individuals were admitted into  5 the state psychiatric hospital, my role, if  6 they came in positive for a substance or  7 reported a recent history of substance, the  8 admitting physician would then submit a  9 referral for me to complete an assessment of  10 that individual to further explore their  11 substance use history and needs for ongoing  12 treatment.  13 I also facilitated groups while at  14 the -- while the individuals were at the  15 hospital. We worked with the treatment teams  16 as far as discharge planning and aftercare  17 recommendations in the county that they were  18 returning to.  19 And then, also, as it states, I  20 collaborated with county -- other various  21 county board members with the counties that  22 admitted into the hospital to give follow-up  23 updates and status updates on the clients that  24 were at the hospital at the time.  25 Q. What counties fed into Northcoast</p>	<p style="text-align: right;">Page 44</p> <p>1 A. Yes.  2 Q. One of the things that you  3 mentioned that you did was complete an  4 assessment of the individuals who came in?  5 Did you actually diagnose anyone  6 with a substance use disorder?  7 A. No, I did not. At the time, my  8 license did not permit me to do that. That was  9 with -- outside the scope of practice. What I  10 would do would give a diagnostic impression,  11 and then, ultimately, the treating psychiatrist  12 would give the diagnosis.  13 Q. Would the same be true, then, for  14 an individual -- my first question was with  15 respect to substance use disorder. Did you do  16 the same, make an assessment, with respect to  17 opioid use disorder?  18 A. I would give a diagnostic  19 impression if they met the criteria of, at that  20 time it was the DSM-IV.  21 Q. Then the treating psychiatrist  22 would make the ultimate determination --  23 A. Correct.  24 Q. -- of what the diagnosis was; is  25 that right?</p>
<p style="text-align: right;">Page 43</p> <p>1 Behavioral Healthcare at that time?  2 A. At that time, it was Cuyahoga  3 County, Summit County, Lorain County, Lake  4 County, Geauga County, Ashtabula County, and --  5 I think that's it at the time -- at that time.  6 We did sometimes get overflow from other  7 neighboring counties, such as Portage,  8 Trumbull, and Mahoning.  9 Q. When you were the lead substance  10 abuse mental illness counselor, where were you  11 physically located? Where was the facility?  12 A. Northfield, Ohio. And now that I  13 think about it, you had asked in the beginning,  14 they are actually located in Summit County,  15 that hospital. If you cross the street,  16 they're Cuyahoga County, so.  17 Q. Right on the border, right?  18 A. Correct.  19 Q. Is there just one facility?  20 A. At this time, yes. When I did  21 start in 2005, there were two -- three  22 facilities: one in Toledo, Ohio; Cleveland,  23 Ohio; and Northfield, Ohio location.  24 Q. Did you always work at the  25 Northfield location?</p>	<p style="text-align: right;">Page 45</p> <p>1 A. Correct.  2 Q. At any point in time have you been  3 licensed to prescribe any sort of medications?  4 A. No.  5 Q. As a part of your analysis or  6 assessment, rather, of individuals at  7 Northcoast Behavioral Healthcare when you were  8 a SAMI counselor, did you make recommendations  9 for medical treatment?  10 A. No. Actually, when you say  11 "medical treatment," are you talking  12 specifically about medications?  13 Q. So that's a great -- great  14 question.  15 So, first, did you make  16 recommendations regarding the use of  17 medications to treat patients?  18 A. No, I did not.  19 Q. Did you make recommendations  20 regarding other types of treatment for the  21 patients?  22 A. Yes. I would make recommendations  23 if I felt they could benefit from outpatient,  24 intensive outpatient, or residential services  25 upon discharge from our hospital.</p>

<p style="text-align: right;">Page 46</p> <p>1 Q. To whom would you make those 2 recommendations?</p> <p>3 A. Initially, during the assessment 4 process, we -- I would consult with the client 5 themselves to see what their needs were and 6 what they were willing to engage in at the 7 time. And then I would also collaborate with a 8 the treatment team as to what my 9 recommendations would be for that individual.</p> <p>10 Q. What types of -- of professionals 11 were included in the treatment team?</p> <p>12 A. There was a unit psychiatrist, a 13 unit social worker, registered nurse, unit 14 psychologist, and then the client themselves.</p> <p>15 Q. During this time period, 2005 to 16 2013, do you know whether Northcoast Behavioral 17 Healthcare was Joint Commission-accredited?</p> <p>18 A. Yes, they were.</p> <p>19 Q. Did any part of your job 20 responsibilities involve maintaining 21 documentation pursuant to the Joint Commission 22 standards?</p> <p>23 A. Yes.</p> <p>24 Q. Was it similar to what you had done 25 at your prior positions?</p>	<p style="text-align: right;">Page 48</p> <p>1 myself; however, I can say if there was 2 something negative mentioned about a specific 3 staff member or situation, our -- the 4 administration there did work with the mana- -- 5 the supervisor of that staff and try to rectify 6 the situation moving forward.</p> <p>7 Q. During that time period, 2005 to 8 2013, as a SAMI counselor, did you have any 9 role in working with patients regarding pain 10 management?</p> <p>11 A. So my role as a SAMI counselor, 12 there were individuals that came in with pain 13 management issues. I did not work specifically 14 with them in regards to the control or overall 15 management of the pain management. The groups 16 that I focused on were in coherence with the 17 IDDT model, which is integrated dual disorder 18 treatment model. And with that, we had a 19 curriculum based on where the individual was at 20 in their process of recovery and insight into 21 recovery.</p> <p>22 And my groups were more over 23 healthy lifestyles, positive alt- -- positive 24 alternatives for coping, recognition of the 25 substance use disorders, the mental health</p>
<p style="text-align: right;">Page 47</p> <p>1 A. Yes, with the addition of the 2 assessments. We had to adhere to our hospital 3 policy, which was to complete the assessment 4 within a designated period of time.</p> <p>5 Q. Do you know whether at Northcoast 6 Behavioral Healthcare during the time period 7 that you were a SAMI counselor, did the 8 facility do any patient satisfaction surveys 9 regarding the care that you and the treatment 10 team provided them?</p> <p>11 A. They did do surveys at time of 12 discharge, and those were completed 13 independently, and the clients' rights 14 coordinator collected those.</p> <p>15 Q. Did you receive feedback, based on 16 those surveys?</p> <p>17 A. We would get updates quarterly on 18 overall results. At times, if there was a 19 positive remark about a staff member, the 20 administration would let that staff member know 21 of those positive remarks.</p> <p>22 Q. How about negative remarks; did you 23 hear about those as well?</p> <p>24 A. I myself did not have any negative 25 remarks, so I can't speak specifically for</p>	<p style="text-align: right;">Page 49</p> <p>1 disorders, basic education in that respect. 2 The hospital was not accredited 3 to perform -- to offer addiction treatment. It 4 was solely certified for mental health 5 treatment. So we did not go beyond basic 6 education with the clients we served.</p> <p>7 Q. While you were the SAMI counselor 8 at North -- Northcoast Behavioral Healthcare, 9 it looks like for some portion of that time 10 frame, you were also a behavioral health intake 11 assessment counselor at the Cleveland Clinic; 12 is that right?</p> <p>13 A. Correct.</p> <p>14 Q. For how long did you perform that 15 work?</p> <p>16 A. So I was employed with the 17 Cleveland Clinic as -- in a PRN position, which 18 is a minimum of four days a month. So 19 initially, prior to having a family, I worked 20 probably 10 to 15 hours a week. And that role 21 was doing, ultimately, behavioral health intake 22 for the entire Cleveland Clinic system. We 23 would get all the referrals through our center 24 and determine where the beds were available and 25 present to the doctors to accept for admission.</p>



<p style="text-align: right;">Page 50</p> <p>1 Q. Did you interface with the actual 2 patients in that position? 3 A. At times. We were located at 4 Lutheran Hospital specifically, so -- and there 5 were times that I also worked at Fairview 6 Hospital in the pediatric unit. If individuals 7 came in, we were at times placed in the 8 emergency departments, and we would do 9 face-to-face assessments. 10 Q. Did that role involve any sort of 11 assessment for substance use disorders? 12 A. So as part of that role, one of the 13 units was for substance -- for detox 14 specifically. We would get the records from 15 the emergency room clinicians, whether it be 16 the nursing staff or the psychiatrist -- or 17 medical doctors; I'm sorry -- and they would 18 give us the overall information, and we would 19 take that information and present it to the 20 doctor that had admitting privileges for that 21 shift, for that specific unit, and then that 22 physician would make the determination if they 23 met criteria for admission or not. 24 Q. Did you -- as the intake assessment 25 counselor, did you make recommendations in your</p>	<p style="text-align: right;">Page 52</p> <p>1 from medical records? 2 A. It was with a combination of 3 self-report, as well as if there was a positive 4 tox screen, or if they had been admitted into 5 the hospital system previously, we could look 6 at previous medical records. 7 Q. Your work at Northcoast Behavioral 8 Healthcare as the SAMI counselor from 2005 to 9 2013, you mentioned that the facility was not 10 accreditate -- accredited for addiction 11 treatment, but did any of your work involve 12 working with patients who had opioid use 13 disorder? 14 A. Yes. 15 Q. About what percentage of your work 16 as the SAMI counselor involved individuals with 17 opioid use disorder? 18 A. I don't know. 19 Q. Can you give me a ballpark? 20 MS. KEARSE: Objection. 21 A. I can't recall the specific number, 22 as far as substance-specific of what percentage 23 of clients had opioid use disorder. 24 Q. Can you give me a ballpark of about 25 how many of the individuals that you saw had a</p>
<p style="text-align: right;">Page 51</p> <p>1 submissions to the -- the on-call physicians? 2 A. Can you clarify what you mean by 3 recommendations? 4 Q. Sure. And as a part of the -- the 5 paperwork that -- that you provided to the -- 6 the physician who was on at the -- on call at 7 the time or on duty at the time, did the 8 paperwork include any recommendations from you 9 for the next step in treatment? 10 A. Our recommendations were solely 11 that we were recommending they be admitted to 12 the unit we were contacting. We did not go 13 above and beyond as far as recommendations 14 after that time. The unit social worker would 15 then work with that client to determine further 16 recommendations. 17 Q. Did any of your work for the 18 Cleveland Clinic as the intake assessment 19 counselor involve opioid use or opioid use 20 disorder? 21 A. We did have clients sometimes 22 contacting us that did present with opioid use 23 disorder, yes. 24 Q. Was that self-reported opioid use 25 disorder, or did you glean that information</p>	<p style="text-align: right;">Page 53</p> <p>1 substance use disorder of any type? 2 MS. KEARSE: Object to form. 3 A. While I was there, we saw about -- 4 the average was about around overall 66 percent 5 of the clients admitted into the hospital had a 6 dual diagnosis. 7 Q. One of those diagnoses would be a 8 substance use disorder? 9 A. Correct. 10 Q. And the other would be a mental 11 health illness? 12 A. Correct. 13 Q. And realizing it's been some time, 14 you don't have a ballpark of what percentage of 15 that 66 percent of substance use disorder dual 16 diagnosis folks may have had an opioid use 17 disorder; is that right? 18 MS. KEARSE: Objection. Asked and 19 answered. 20 A. I do not. 21 Q. And you stayed with Northcoast 22 Behavioral Health but changed positions in 23 2013; is that right? 24 A. Yes. 25 Q. What -- what -- strike that.</p>



<p style="text-align: right;">Page 54</p> <p>1 And you became the director of</p> <p>2 social services; is that correct?</p> <p>3 A. Correct.</p> <p>4 Q. In your director role, did you</p> <p>5 continue to provide clinical work?</p> <p>6 A. There were times where if staff</p> <p>7 were not available or if it was after the staff</p> <p>8 had already leaved, yes, I would go on the unit</p> <p>9 and assist.</p> <p>10 Q. Were -- tell us what your primary</p> <p>11 responsibilities were as the director of social</p> <p>12 services at Northcoast Behavioral Healthcare?</p> <p>13 A. I supervised a staff of</p> <p>14 approximately 18 social workers, and, at the</p> <p>15 time, two SAMI counselors at the hospital. I</p> <p>16 worked with upper administration to manage</p> <p>17 admissions, discharges, the flow of beds,</p> <p>18 collaborated with the county board staff to</p> <p>19 provide status updates for the clients that</p> <p>20 were there, and would collaborate if -- with</p> <p>21 the unit treatment teams and assist with</p> <p>22 discharge planning if requested.</p> <p>23 Q. You mentioned that you collaborated</p> <p>24 with county board staffs. What county boards</p> <p>25 did you collaborate with?</p>	<p style="text-align: right;">Page 56</p> <p>1 Northcoast Behavioral Healthcare?</p> <p>2 A. Joann Arndt, who was the mental</p> <p>3 health coordinator, as well as Chris</p> <p>4 Freeman-Clark, who was the forensic</p> <p>5 coordinator.</p> <p>6 Q. Was there someone in the position</p> <p>7 at the ADM Board from 2013 to 2016 in the</p> <p>8 position of addiction prevention and training</p> <p>9 coordinator, as far as you know?</p> <p>10 A. It's my understanding that Paula</p> <p>11 Rabinowitz was -- provided oversight over the</p> <p>12 addiction programming for Summit County, and</p> <p>13 Aimee Wade was over the prevention services.</p> <p>14 Q. Did you interface with either of</p> <p>15 them?</p> <p>16 A. No, I did not.</p> <p>17 Q. Who was the forensic coordinator?</p> <p>18 A. Chris Freeman-Clark.</p> <p>19 Q. Thanks.</p> <p>20 Did you interface with anyone at</p> <p>21 the Cuyahoga County ADM Board?</p> <p>22 A. Yes.</p> <p>23 Q. Who did you interface with there?</p> <p>24 A. Maggie Tolbert and Carole Ballard.</p> <p>25 Q. Do you know what their roles were?</p>
<p style="text-align: right;">Page 55</p> <p>1 A. Lake County, Geauga County,</p> <p>2 Ashtabula County, Summit County, Cuyahoga</p> <p>3 County, and at that time also Lorain County,</p> <p>4 Trumbull County, Mahoning County, and Portage</p> <p>5 County at times.</p> <p>6 Q. What boards within each of those</p> <p>7 counties did you collaborate with?</p> <p>8 A. The alcohol and mental health</p> <p>9 addiction boards with -- with the exception of</p> <p>10 Lorain County. Their boards remain separate,</p> <p>11 so they have a separate addiction board, as</p> <p>12 well as a separate mental health board. But we</p> <p>13 did work with both of them.</p> <p>14 Q. The other counties, it's your</p> <p>15 understanding, at that time had combined</p> <p>16 addiction and mental health boards; is that</p> <p>17 right?</p> <p>18 A. Yes.</p> <p>19 Q. Did you work with the Summit County</p> <p>20 ADM Board in your position as director of</p> <p>21 social services for Northcoast Behavioral</p> <p>22 Healthcare?</p> <p>23 A. Yes.</p> <p>24 Q. With whom did you interface at the</p> <p>25 Summit County ADM Board while you were with</p>	<p style="text-align: right;">Page 57</p> <p>1 A. Maggie Tolbert at the time was</p> <p>2 the -- our liaison for the hospital, so we</p> <p>3 worked with her for anyone that was admitted to</p> <p>4 the hospital.</p> <p>5 Carole Ballard, at the time, was</p> <p>6 over forensic services.</p> <p>7 Q. What does forensic services mean?</p> <p>8 A. So if an individual is deemed not</p> <p>9 guilty by reason of insanity or incompetent to</p> <p>10 stand trial, unrestorable, they can be admitted</p> <p>11 to the mental health -- state mental health</p> <p>12 hospital, in lieu of incarceration and jail.</p> <p>13 We did also get individuals</p> <p>14 pre-adjudication, meaning for competency</p> <p>15 evaluation, to determine if they were able to</p> <p>16 represent themselves and assist themselves in</p> <p>17 their defense of the charges that they had</p> <p>18 pending.</p> <p>19 Q. Did any of your work as director of</p> <p>20 social services with Northcoast Behavioral</p> <p>21 Healthcare between 2013 and 2016 involve</p> <p>22 substance use disorders?</p> <p>23 A. Are you asking did clients that we</p> <p>24 interfaced with have diagnosis of substance use</p> <p>25 disorders, or my role specifically as the</p>

<p style="text-align: right;">Page 58</p> <p>1 director working with the substance use 2 disorders? 3 Q. Your role specifically. In your 4 role specifically, did you have any -- did you 5 have any responsibilities related to substance 6 use disorders? 7 A. So I did supervise the SAMI 8 counselors at the time. There were times that 9 I would work with them to help problem-solve of 10 what resources were available in the counties 11 that the client was from. At the state 12 hospital, we primarily served the indigent and 13 uninsured population, so we had a -- we had 14 some res- -- community resources that would 15 treat those clients, the indigent clients or 16 uninsured clients in the respective communities 17 and where they could access those services. So 18 sometimes I would offer assistance in figuring 19 out what those resources were. 20 Q. At any point when you were with 21 Northcoast Behavioral Healthcare, so at any 22 time between 2005 and 2016, do you know whether 23 the facility was accredited in addiction 24 treatment? 25 A. No, they were not.</p>	<p style="text-align: right;">Page 60</p> <p>1 I would -- I don't know the specific years, 2 though. 3 Q. Was it when you were a director of 4 social services or when you were a SAMI 5 counselor? 6 A. When I was a SAMI counselor. 7 Q. Is that true for all of those 8 conferences, both the Cleveland Clinic and the 9 first OACBHA conference? 10 A. Yes. And I did also attend the 11 Addiction Studies Institute down in Columbus, 12 Ohio as a SAMI counselor. 13 Q. So as a SAMI counselor, you 14 attended a couple of OACBHA opiate conferences, 15 the Addiction Studies -- 16 A. Institute. 17 Q. -- Institute, thanks. And the -- 18 an opioid conference at the Cleveland Clinic; 19 is that right? 20 A. Correct. 21 Q. Do you know whether those 22 conferences kind of fell later in the time that 23 you were a SAMI counselor? 24 A. I would say the first conference 25 was 2011, so towards the second half of the</p>
<p style="text-align: right;">Page 59</p> <p>1 Q. Was Northcoast Behavioral 2 Healthcare, during that entire time period, '05 3 to 2016, accredited by the Joint Commission? 4 A. Yes. 5 Q. During the time that you were with 6 Northcoast Behavioral Healthcare, did you -- 7 did you receive any training related to 8 opioids, whether it be an opioid use disorder 9 or opioid misuse at all? 10 A. I did attend some conferences 11 within the state as it relates to opiate abuse. 12 Q. What conferences did you attend? 13 A. I know -- I don't know how many I 14 attended. I did attend the OACBHA opiate 15 conference at one to two times, I think. And I 16 did also attend a local one-day conference that 17 the Cleveland Clinic held as it related to the 18 opioid use. 19 Q. Do you remember when the Cleveland 20 Clinic conference was? 21 A. I do not offhand. 22 Q. Do you remember what years the 23 OACBHA opiate conferences were? 24 A. Offhand, I don't know. I know I 25 attended the first year that they launched it.</p>	<p style="text-align: right;">Page 61</p> <p>1 career. 2 Q. Okay. Did you -- did you 3 participate as a presenter at any of those 4 conferences? 5 A. No, I did not. 6 Q. So then, at some point in 2016, you 7 decided to change positions from Northcoast 8 Behavioral Healthcare and join the ADM Board, 9 right? 10 A. Yes. 11 Q. What prompted you to look for that 12 position? 13 A. I was not actually looking for the 14 position. A staff member at the board actually 15 e-mailed me the job des- -- posting when it was 16 posted, so I was not actively looking for a new 17 role at that time. 18 When I did see the position 19 posting, I felt it would be a good fit, allow 20 me more opportunity to focus more on the 21 addiction field, which is where I had my 22 initial training at Columbus State, and had a 23 passion for dual diagnosis. It was also -- 24 presented more flexibility, as I had two young 25 children at home.</p>

<p style="text-align: right;">Page 62</p> <p>1 MS. KEARSE: Counsel, we've been 2 going about an hour. Since you're 3 transitioning, is this a good time? 4 MS. FEINSTEIN: Sure, yeah. 5 And I should have said, at any 6 point if you need a break, you just let us 7 know. We're happy to take a break, okay? 8 THE WITNESS: Uh-huh. 9 MS. FEINSTEIN: Yeah, thanks. 10 THE VIDEOGRAPHER: Off the record, 11 10:13. 12 (A recess was taken.) 13 THE VIDEOGRAPHER: On the record 14 10:33. 15 MS. FEINSTEIN: Thank you. 16 BY MS. FEINSTEIN: 17 Q. Ms. Patton, before the break you 18 mentioned that one of the reasons that you were 19 interested in the position at the ADM Board was 20 one of your passions of dual diagnosis; is that 21 right? 22 A. Correct. 23 Q. Can you please explain to me 24 what -- what dual diagnosis is? 25 A. When I reference dual diagnosis, I</p>	<p style="text-align: right;">Page 64</p> <p>1 I deem both mental health diagnoses and 2 substance abuse diagnoses as an overall 3 behavioral health issue. 4 Q. Are the criteria for diagnosing 5 substances use disorder included in the DSM? 6 A. Yes. 7 Q. Are the criteria for diagnosing 8 opioid use disorder including in the DSM? 9 A. Yes. 10 Q. Do you know, when opioid use 11 disorder was first included, what version of 12 the DSM it was first included in? 13 A. DSM-III. 14 Q. Which one are we on now? 15 A. Five. 16 Q. Thank you. 17 Have you ever contributed in any 18 update to the DSM? 19 A. No. 20 Q. When you were at Northcoast 21 Behavioral Healthcare, did you work with 22 Dr. Smith? 23 A. Briefly. At the time when I was at 24 Northcoast at the same time he was at 25 Northcoast, he was our medical director, and we</p>
<p style="text-align: right;">Page 63</p> <p>1 mean individuals with a mental health diagnosis 2 as well as a substance use disorder diagnosis. 3 Q. In your experience -- strike that. 4 What role, if any, does a mental 5 health diagnosis play in the development of a 6 substance use disorder? 7 MS. KEARSE: Object to form. 8 A. Individuals with mental health 9 diagnoses do have an increased risk of a 10 substance use disorder, along with other 11 disorders, physical health as well. 12 But there are individuals that 13 solely have a mental health disorder or solely 14 have a substance use disorder. 15 Q. So not all individuals with a 16 mental health disorder will develop a substance 17 use disorder, right? 18 A. Correct. 19 Q. And not all individuals with a 20 substance use disorder have a mental health 21 disorder; is that correct? 22 A. Correct. 23 Q. Do you consider substance use 24 disorder to be a mental health disorder? 25 A. As far as treating and individuals,</p>	<p style="text-align: right;">Page 65</p> <p>1 also had three locations at that time. So 2 although his office was based out of our 3 Northfield location, there were many times 4 where he would travel to the other location. 5 Q. When you -- when you were contacted 6 about the position at the ADM Board, was 7 Dr. Smith already at the ADM Board? 8 A. Yes. 9 Q. Did you know that he was there? 10 A. Yes. 11 Q. Did you talk with him about the 12 work of the ADM Board before you formally 13 applied for the position? 14 A. No. 15 Q. When you were at Northcoast 16 Behavioral Health, you mentioned that Dr. Smith 17 was the medical director. Did you report to 18 him in any capacity there? 19 A. Not directly, no. 20 Q. When you joined the Summit County 21 ADM Board, did you at any time report to 22 Dr. Smith? 23 A. Not directly, no. 24 Q. What is his role at the ADM Board? 25 A. I don't know his official tit- -- I</p>

<p style="text-align: right;">Page 66</p> <p>1 would say chief clinical officer. He is part  2 of the clinical team. He is not my direct  3 supervisor. Aimee Wade, who is the associate  4 director of clinical services, she is my direct  5 supervisor. I know he does work with a lot of  6 our providers as well.  7 Q. Do you and he ever work together on  8 any projects at the ADM Board?  9 A. No projects specifically, no.  10 Q. Have you ever done any  11 presentations with Dr. Smith while you were at  12 the ADM Board?  13 A. No.  14 Q. You started at the ADM Board on May  15 2, 2016?  16 A. Correct.  17 Q. Can you briefly describe for us  18 what you do at the ADM Board?  19 A. I provide oversight to the  20 addiction programming with the agencies we  21 fund, as well as oversight with the prevention  22 programs that we fund. Those are primarily  23 school-based prevention programming.  24 I do also work with the recovery  25 housing providers.</p>	<p style="text-align: right;">Page 68</p> <p>1 Q. I'm going to hand you what we have  2 marked as Exhibit 2 for identification  3 purposes.  4 MS. FEINSTEIN: For those on the  5 phone, this is a document Bates-numbered  6 SUMMIT_000959818.  7 MS. KEARSE: And, Counsel, reminder  8 that if anyone on the phone did not make an  9 appearance, just wanted to make sure we -- we  10 got that down.  11 MS. McINTYRE: I did not make an  12 appearance yet on the record.  13 MS. FEINSTEIN: And who is that?  14 MS. McINTYRE: Jill McIntyre,  15 Jackson Kelly, AmerisourceBergen Drug  16 Corporation.  17 MS. FEINSTEIN: Thank you.  18 MS. KEARSE: I didn't mean to  19 interrupt. It just --  20 MS. FEINSTEIN: Oh, no problem.  21 MS. KEARSE: -- dawned on me.  22 MS. FEINSTEIN: No, thanks.  23 Appreciate it.  24 Q. Looking at Exhibit 2, Ms. Patton,  25 did you prepare that?</p>
<p style="text-align: right;">Page 67</p> <p>1 I work with the certified peer  2 recovery supporters in the county.  3 I oversee trainings that are  4 offered through the ADM Board and assist with  5 planning, assessing what trainings are needed  6 for our stakeholders and will apply for  7 continuing education credits for those  8 trainings.  9 I also was an integral part of  10 implementing the Quick Response Teams in Summit  11 County.  12 And I work with the specialty drug  13 courts as well.  14 Q. Did you, at one point, prepare a  15 bullet point of -- bullet point list of the job  16 responsibilities or tasks that you perform in  17 your role at the ADM Board?  18 A. Yes.  19 - - - - -  20 (Thereupon, Deposition Exhibit 2,  21 Bullet Point List of Job  22 Responsibilities, SUMMIT_000959818  23 to 000959819, was marked for  24 purposes of identification.)  25 - - - - -</p>	<p style="text-align: right;">Page 69</p> <p>1 A. I did.  2 Q. For -- why did you prepare this?  3 A. At the time, our supervisors, both  4 Aimee Wade and Doug Smith, did ask for us each  5 individually, as part of the clinical team, to  6 prepare an overall list of our job duties. At  7 the time we were in the process of filling some  8 vacancies.  9 Q. When was this prepared?  10 A. In 2018.  11 Q. Have the vacancies been filled?  12 A. We now have two vacancies that have  13 recently occurred, so, no.  14 Q. What positions are vacant that you  15 are aware of?  16 A. Currently, right now, the research  17 and quality improvement coordinator position is  18 vacant, and the care access and clients' rights  19 coordinator position is vacant.  20 Q. Who held those positions before the  21 vacancies?  22 A. Joann Arndt for the care access and  23 client rights coordinator, and Eric Hutzell for  24 the research and quality improvement  25 coordinator.</p>

<p style="text-align: right;">Page 70</p> <p>1 Q. When did Ms. Arndt leave?</p> <p>2 A. She retired December 31, 2018.</p> <p>3 Q. And when did Mr. Hutzell leave?</p> <p>4 A. His resignation date was December</p> <p>5 13th -- December 31, 2018. Sorry about that.</p> <p>6 Q. So they both left at the end of --</p> <p>7 of last year?</p> <p>8 A. Correct.</p> <p>9 Q. Do you have any role in evaluating</p> <p>10 applicants for either of those positions?</p> <p>11 A. We do have a clinical interview</p> <p>12 where the applicants will sit down with the</p> <p>13 members of the clinical team that are available</p> <p>14 at that time.</p> <p>15 Q. Who are the current members of the</p> <p>16 clinical team?</p> <p>17 A. Dr. Aaron Ellington. He's the</p> <p>18 evidence-based practice coordinator.</p> <p>19 Chris Freeman-Clark is our forensic</p> <p>20 coordinator.</p> <p>21 Beth Kuckuck is our children's</p> <p>22 program coordinator.</p> <p>23 Myself, as the addiction prevention</p> <p>24 and training coordinator.</p> <p>25 And Darletta Logan is the care</p>	<p style="text-align: right;">Page 72</p> <p>1 of the responsibilities that you have at the</p> <p>2 ADM Board?</p> <p>3 A. Yes.</p> <p>4 Q. I'd like to just kind of quickly</p> <p>5 walk through the bullets to get an</p> <p>6 understanding for what each of these items</p> <p>7 involves. So the first bullet is, "Monitor QRT</p> <p>8 within Summit County."</p> <p>9 QRT is the Quick Response Team?</p> <p>10 A. Correct.</p> <p>11 Q. We discussed this briefly a little</p> <p>12 bit earlier, but the QRT program started in</p> <p>13 2017, right?</p> <p>14 A. Our first team launched January 17,</p> <p>15 2017.</p> <p>16 Q. Your role -- you've got four</p> <p>17 bullets that -- that describes your role, which</p> <p>18 is, "Meet with new communities," "Monitor</p> <p>19 counselors," "Monitor outcomes," and "Schedule</p> <p>20 and facilitate quarterly meetings"; is that</p> <p>21 right?</p> <p>22 A. Yes.</p> <p>23 Q. When did the quarterly meetings</p> <p>24 begin?</p> <p>25 A. I want to say we had our first</p>
<p style="text-align: right;">Page 71</p> <p>1 management and clinical compliance coordinator.</p> <p>2 Q. Anyone else in the clinical time?</p> <p>3 A. Dr. Doug Smith and Aimee Wade</p> <p>4 provide our management for the clinical team.</p> <p>5 Q. Is Aimee Wade a physician?</p> <p>6 A. No.</p> <p>7 Q. Do you know what her -- what her</p> <p>8 clinical credentials are?</p> <p>9 A. LISW with supervision designation,</p> <p>10 and OCPC, which is an Ohio Certified Prevention</p> <p>11 Consultant.</p> <p>12 Q. Do you know whether she has any</p> <p>13 certifications in addiction?</p> <p>14 A. I do not.</p> <p>15 Q. Dr. Smith is a psychiatrist?</p> <p>16 A. Yes.</p> <p>17 Q. Do you know for how long he was the</p> <p>18 medical director at Northcoast Behavioral</p> <p>19 Healthcare?</p> <p>20 A. I do not.</p> <p>21 Q. Do you know what year he joined the</p> <p>22 ADM Board?</p> <p>23 A. Offhand, I do not.</p> <p>24 Q. Turning back to Exhibit 2, does</p> <p>25 Exhibit 2 -- is Exhibit 2 a comprehensive list</p>	<p style="text-align: right;">Page 73</p> <p>1 quarterly meeting mid-2017.</p> <p>2 Q. Who attends the quarterly meetings?</p> <p>3 A. We invite the counselors that</p> <p>4 participate, as well as the police and fire</p> <p>5 chiefs.</p> <p>6 Q. Where are the meetings held?</p> <p>7 A. We rotate it throughout the county</p> <p>8 with participating communities. I ask for</p> <p>9 volunteers to host.</p> <p>10 Q. What is discussed, typically, at</p> <p>11 the quarterly meetings? Is there a set agenda?</p> <p>12 A. We -- Eric Hutzell, while he was on</p> <p>13 staff at the time, would provide an update on</p> <p>14 outcomes as they relate to the Quick Response</p> <p>15 Team, as that was his responsibility.</p> <p>16 We would also provide information</p> <p>17 and new resources, and we would have an open</p> <p>18 floor discussion on any barriers that the teams</p> <p>19 may be facing or also share some success</p> <p>20 stories at that time.</p> <p>21 Q. How did Mr. Hutzell monitor the</p> <p>22 outcomes?</p> <p>23 A. I don't know the specifics as far</p> <p>24 as how he determined the outcomes. I know he</p> <p>25 did present a report each quarter, and would</p>



<p style="text-align: right;">Page 74</p> <p>1 look at how many individuals were seen through  2 the Quick Response Teams and how many in -- we  3 would look at how many individuals engaged in  4 treatment after being seen from...</p> <p>5 Q. How is that information tracked?</p> <p>6 A. The counselors submit a monthly  7 report of all the clients that are seen, and  8 then he would take that report and analyze it  9 and produce the quarterly report.</p> <p>10 Q. To whom is the monthly report  11 submitted by the counselors?</p> <p>12 A. To me.</p> <p>13 Q. What information is included in  14 that monthly report from the counselors?</p> <p>15 A. The name, date of birth, social  16 security number, address of where they were  17 seen, if they were a client that had been seen  18 previously, if they scheduled an assessment,  19 and when that assessment date was.</p> <p>20 Q. Does it include the substance?</p> <p>21 A. No.</p> <p>22 Q. It does not?</p> <p>23 A. No, uh-uh.</p> <p>24 Q. These are all overdose visits,  25 right?</p>	<p style="text-align: right;">Page 76</p> <p>1 code in their system to identify an overdose,  2 and they're going to individuals that either  3 they had to dispense naloxone to, which would  4 only be in an opiate overdose situation, or if  5 the client self-reported it was opiates that  6 they used.</p> <p>7 Q. So are all of the -- the Quick  8 Response Team visits, is it your understanding  9 that all of the Quick Response Team visits  10 relate to opioid overdoses?</p> <p>11 A. So all of the visits that they do  12 go on do have an opioid use component. As I  13 mentioned previously, there are some  14 individuals that are using multiple substances,  15 and that would also be indicated at -- during  16 their assessment, if they engaged in treatment.</p> <p>17 Q. As a part of your monitoring, do  18 you have access to the -- the police records  19 that identify the substance involved in the  20 overdose, in the underlying overdose?</p> <p>21 A. I individually do not have access,  22 no.</p> <p>23 Q. Does that -- strike that.  24 When evaluating outcomes, does the  25 ADM Board consider the -- the substance</p>
<p style="text-align: right;">Page 75</p> <p>1 A. Correct.</p> <p>2 Q. So each of the individuals that is  3 visited by the -- the Quick Response Team, they  4 had been diagnosed or previously treated with a  5 drug overdose in a fairly recent time period;  6 is that right?</p> <p>7 A. Each client that is identified is  8 identified by the police department as calls  9 they have responded to in the week previously.</p> <p>10 Q. The reporting that comes to you  11 does not include a description of the substance  12 involved in the overdose?</p> <p>13 A. No.</p> <p>14 Q. Do you know -- strike that.  15 Does any of the reporting done by  16 the Quick Response Team to the ADM Board  17 include tracking the substance involved in the  18 overdose?</p> <p>19 A. Not to my knowledge.</p> <p>20 Q. Do you have any -- any information  21 available to you as monitor of the Quick  22 Response Team to determine how much of that  23 work involves opioid-related overdoses?</p> <p>24 A. Well, anyone that they're going to,  25 the police department codes -- has a specific</p>	<p style="text-align: right;">Page 77</p> <p>1 involved in the -- the overdose?</p> <p>2 A. With the Quick Response Team  3 specifically, outcomes, we are not looking at  4 the substance specifically.</p> <p>5 Q. So you don't know and don't track,  6 from the ADM perspective, how many of the  7 overdoses involve prescription opioids versus  8 some other opioids?</p> <p>9 A. As it relates specifically to the  10 Quick Response data, no.</p> <p>11 Q. Do you have -- does the ADM Board  12 have any data with respect to overdoses that  13 might prompt a Quick Response Team visit or any  14 other treatment by the ADM Board of what  15 percentage of those opioids are prescription  16 versus non-prescription?</p> <p>17 A. So are you asking at -- based on  18 data collected from the ADM Board, would we  19 contact a Quick Response Team to go out based  20 on information we received?</p> <p>21 Q. No. Let me --</p> <p>22 A. Okay.</p> <p>23 Q. -- let me try to re-ask it.  24 Does -- so the ADM Board does not  25 track the Quick Response Team data -- or strike</p>



<p style="text-align: right;">Page 78</p> <p>1 that.</p> <p>2 The ADM Board does not track</p> <p>3 whether a Quick Response Team visit relates to</p> <p>4 a prescription opioid versus an illicit opioid,</p> <p>5 correct?</p> <p>6 A. Correct.</p> <p>7 MS. KEARSE: Object to form.</p> <p>8 Q. Does the ADM Board track any</p> <p>9 services based on prescription opioid versus</p> <p>10 illicit opioid?</p> <p>11 A. Our ADM Addiction Helpline tracks</p> <p>12 what substance they're calling in.</p> <p>13 Q. The ADM Helpline, when folks call</p> <p>14 in, they would self-report whether they were</p> <p>15 using a prescription opioid or some other</p> <p>16 opioid?</p> <p>17 A. Yes.</p> <p>18 Q. What is your role with respect to</p> <p>19 the ADM Helpline?</p> <p>20 A. So the care management clinical</p> <p>21 compliance coordinator position oversees the</p> <p>22 ADM Addiction Helpline. That position was</p> <p>23 vacant from July -- mid-July to end of</p> <p>24 November, so I did provide some oversight</p> <p>25 during that brief time period, as far as</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. Getting back to Exhibit 2, your</p> <p>2 responsibilities with respect to the Quick</p> <p>3 Response Team within Summit County --</p> <p>4 A. Uh-huh.</p> <p>5 Q. -- is there anything else that --</p> <p>6 that you do to monitor outcomes of the Quick</p> <p>7 Response Team?</p> <p>8 A. My role specifically, no. Eric</p> <p>9 Hutzell did also complete an annual report in</p> <p>10 2017.</p> <p>11 Q. If Mr. Hutzell's position is not</p> <p>12 filled, will you prepare the outcome report for</p> <p>13 the next quarterly meeting?</p> <p>14 A. I don't know. That hasn't been</p> <p>15 discussed yet.</p> <p>16 Q. Who would make that decision?</p> <p>17 A. Jerry Craig.</p> <p>18 Q. Who is Mr. Craig?</p> <p>19 A. He's our executive director of the</p> <p>20 ADM Board.</p> <p>21 Q. Do you report to Mr. Craig?</p> <p>22 A. No, not directly.</p> <p>23 Q. So you directly report to Ms. Wade?</p> <p>24 A. Correct.</p> <p>25 Q. Has that been the case since you</p>
<p style="text-align: right;">Page 79</p> <p>1 on-boarding new providers to be part of the ADM</p> <p>2 Addiction Helpline, and their reports were</p> <p>3 submitted to me.</p> <p>4 Q. That was just from July 2018 to</p> <p>5 November 2018?</p> <p>6 A. Yes.</p> <p>7 Q. Other than that brief time period,</p> <p>8 do you have any responsibility for the ADM</p> <p>9 Helpline?</p> <p>10 A. No.</p> <p>11 Q. So since November 2018, who at the</p> <p>12 ADM has been responsible for the ADM Helpline?</p> <p>13 A. Darletta Logan was hired December</p> <p>14 3rd of 2018, so although she's still orienting,</p> <p>15 we are in the process of transitioning her to</p> <p>16 providing oversight for that.</p> <p>17 Q. Who handled that previously?</p> <p>18 A. Christine Smalley.</p> <p>19 Q. Ms. Smalley left in July 2018?</p> <p>20 A. Yes.</p> <p>21 Q. Do you know where she went?</p> <p>22 A. No, I don't.</p> <p>23 Q. Where did Mr. Hutzell go; do you</p> <p>24 know?</p> <p>25 A. Cleveland Clinic.</p>	<p style="text-align: right;">Page 81</p> <p>1 started with the ADM Board?</p> <p>2 A. Yes.</p> <p>3 Q. What do you do to monitor the</p> <p>4 counselors within the Quick Response Team?</p> <p>5 A. We do offer technical assistance</p> <p>6 with the counselors, as far as if they are</p> <p>7 having difficulty with actually speaking to an</p> <p>8 individual in the community, if they're not</p> <p>9 answering their door or not available.</p> <p>10 We do -- we have had meetings to</p> <p>11 bring all the counselors together to kind of</p> <p>12 strategize amongst each other of what's worked,</p> <p>13 what hasn't worked, amongst them.</p> <p>14 They are also, like I said,</p> <p>15 responsible to submit that report to me on a</p> <p>16 monthly basis.</p> <p>17 And then as a billing perspective,</p> <p>18 because we do fund the counseling roles, I</p> <p>19 review and approve their time logs that are</p> <p>20 submitted monthly to our finance department.</p> <p>21 Q. In what format are the reports</p> <p>22 provided to you?</p> <p>23 A. In Excel format.</p> <p>24 Q. What do you do with the reports</p> <p>25 when you get them?</p>

<p style="text-align: right;">Page 82</p> <p>1 A. We have a shared P drive amongst 2 our clinical team that I have a folder for 3 Quick Response Teams that I save it in. 4 Q. For how long do you save the 5 reports? 6 A. I don't -- we have a record 7 retention policy, so for those reports 8 specifically, I don't know the exact time 9 frame. But it's a minimum of five years. 10 Q. Who set up the -- the format for 11 the reports? Did you do that? 12 A. Eric Hutzell. 13 Q. Do you know what information 14 Mr. Hutzell used to set up the form? Was there 15 a guideline given from the State, or did he 16 just come up with the form himself? 17 A. As far as I know, he came -- he 18 developed the form himself in order -- knowing 19 what we -- information we needed to look into 20 our billing system to look at follow-up 21 information. We asked for that specific 22 information so that we -- and also so we could 23 track it by ZIP codes within our community. 24 Q. So when the form was created for 25 the counselors to report, Mr. Hutzell</p>	<p style="text-align: right;">Page 84</p> <p>1 and approve the time charges for the 2 counselors? 3 A. I will look at that report to make 4 sure the times and dates do match. 5 Q. How frequently are time charges 6 submitted to you? 7 A. Monthly. 8 Q. So the counselors submit to you, 9 monthly, the Excel spreadsheet that has 10 information about the visits, right? 11 A. Yes. 12 Q. And they submit to you a time chart 13 or a request for reimbursement? 14 A. Their billing department submits it 15 to our finance office, so our finance office 16 will bring it over. 17 Q. So they don't -- the counselors 18 don't submit their time charges directly to 19 you? 20 A. No. 21 Q. What information do you look at to 22 review and approve the time charges for the 23 counselors? 24 A. The dates and the times, because 25 they -- on the Excel form, they do also track</p>
<p style="text-align: right;">Page 83</p> <p>1 included -- it's your understanding he included 2 information that was important for your billing 3 information and also so you could track by ZIP 4 code; is that right? 5 A. Yes. 6 Q. At the time the form was created, 7 did you work with Mr. Hutzell to come up with 8 the -- the categories to be included on the 9 form? 10 A. We did talk about it. We did also 11 meet with the Quick Response Team in Colerain 12 Township in southern Ohio to see, similarly, 13 what they were doing. 14 Q. At any point did you and 15 Mr. Hutzell or the team in -- what county was 16 it? 17 A. Colerain Township. 18 Q. Colerain? 19 A. I think it's Hamilton County. 20 Q. At any point did you, Mr. Hutzell, 21 or any of the representatives from Colerain 22 Township discuss including the type of opioid 23 involved in the incident? 24 A. Not that I can recall. 25 Q. Do you use those reports to review</p>	<p style="text-align: right;">Page 85</p> <p>1 the time spent with each client. 2 Q. Is there anything else that you do 3 to monitor the counselors? 4 A. No. 5 Q. Do you train the counselors? 6 A. When we first partnered with the 7 provider agencies to offer counselors with the 8 Quick Response Teams, we did have some 9 preliminary meetings. The counselors that all 10 go out do have experience already with the 11 addiction field and had a good understanding of 12 what this role would look like, so we did not 13 have any specific training. 14 We did have an overview training of 15 Quick Response Teams from Colerain Township 16 that came up to Summit County December 9th of 17 2016 to give a presentation of what their 18 program looked like. 19 Q. For how long had Colerain Township 20 been doing the Quick Response Teams? 21 A. When they came up, they had been 22 implementing at that time for 18 months. 23 Q. Did they report to you anything 24 about how -- how it was working for them? 25 A. When they presented to us, they</p>

<p style="text-align: right;">Page 86</p> <p>1 reported that 75 percent of the individuals 2 they engaged with entered into treatment. 3 Q. So they had been doing their Quick 4 Response program since some point in 2015; is 5 that right? 6 A. That's my understanding. 7 Q. Does Summit County, does the ADM 8 Board track what percentage of -- of 9 individuals go into treatment after being 10 visited by the Quick Response Team? 11 A. Yes. 12 THE REPORTER: I didn't hear, 13 sorry. 14 THE WITNESS: Yes. I'm sorry. 15 THE REPORTER: Thank you. 16 Q. How is that tracked? Is that 17 information included on the Excel spreadsheet? 18 A. That information is provided by 19 Eric Hutzell, so the information that we did -- 20 we are able to track is the number of clients 21 that engage into treatment into ADM-funded 22 services. So we do not have access to look at 23 Medicaid data, so if a client has Medicaid that 24 they're utilizing for that, treatment services, 25 we don't have access to that information.</p>	<p style="text-align: right;">Page 88</p> <p>1 A. Uh-huh. 2 Q. So from where does Mr. Hutzell get 3 that information? 4 A. We have a GOSH billing system that 5 our providers utilize, so -- because that's why 6 we specifically ask for name, date of birth, 7 and Social Security Number, because those are 8 the key components we can look in that GOSH 9 billing system and see if they've accessed 10 services within our system. 11 Q. Is it a specific -- is there a 12 specific question on intake forms for ADM 13 treatment providers to gather data on whether 14 the person reports that they've been visited by 15 a Quick Response Team? 16 A. For the referral source on the ADM 17 Addiction Helpline, we do have the Quick 18 Response Teams identified, so the client can 19 identify that they are being referred with 20 Quick Response Team, and we have that broken 21 down by each team so that we can track 22 specifically what team they worked with. 23 Q. When did -- when did you first 24 learn of the availability of -- of Quick 25 Response Teams in the state of Ohio?</p>
<p style="text-align: right;">Page 87</p> <p>1 Q. So the only treatment that that ADM 2 Board is able to track, following a Quick 3 Response Team visit, is if the individual 4 participates in ADM-funded treatment; is that 5 right? 6 A. Correct. 7 Q. It's possible, however, that an 8 individual could go into treatment that would 9 not be reflected in the ADM statistics, 10 correct? 11 A. Correct. 12 Q. So is there a -- a separate report 13 that includes the information about the 14 individuals who are visited by the Quick 15 Response Team who go into treatment? 16 A. Are you asking if there's a 17 separate report of treatment not funded by ADM 18 or -- 19 Q. No. So I'm trying to understand 20 what Mr. Hutzell, how he tracks -- how he 21 tracked that when he was -- 22 A. Okay. 23 Q. -- with the ADM Board. So it's not 24 in -- I understand it's not in the monthly 25 report from the counselors, correct?</p>	<p style="text-align: right;">Page 89</p> <p>1 A. In November of 2016, Greg McNeil 2 from Cover2 Resources reached out to Jerry 3 Craig. He does a podcast series throughout the 4 state, as well as other states. And he 5 contacted Jerry Craig about a program that 6 could be useful in Summit County. So at that 7 time, we moved forward with scheduling them to 8 come up and meet with us the following month. 9 Q. What is Cover2 Resources? 10 A. That is Greg McNeil's podcast 11 series. 12 Q. And who is Mr. McNeil? 13 A. He is a Hudson resident who lost a 14 son to an opioid overdose. 15 Q. Do you know how he found out about 16 Quick Response Teams? 17 A. I do not. I know he does a lot of 18 research as far as seeing what is working, not 19 only in the state of Ohio, but across the 20 nation. 21 Q. Before Mr. McNeil reached out to 22 Mr. Craig, had you heard about Quick Response 23 Teams or anything similar to that at any of the 24 opioid conferences that you attended? 25 A. No, I did not.</p>

<p style="text-align: right;">Page 90</p> <p>1 Q. Are you aware of how many other 2 counties in Ohio have Quick Response Teams? 3 A. I do not know the definitive 4 number, but I know they are -- other counties 5 within the state of Ohio implementing, all in 6 different fashions. 7 Q. Do you know whether it's kind of 8 uniformly called the Quick Response Team? 9 A. I've heard other titles, such as 10 Community Outreach. 11 Q. Did -- from where did Summit 12 County, the Summit County ADM Board, receive 13 information about how to implement the Quick 14 Response Teams? 15 A. As I mentioned before, we had 16 Colerain Township come up in December of 2016 17 and give a presentation on what their model 18 looked like, and then we went and met with each 19 community individually to see what would work 20 best in their community. 21 Q. One of the bullets under -- on 22 Exhibit 2 is "Meet with new communities." 23 What -- is that what you just 24 described, meeting with communities? 25 A. Yes. So in the beginning of the</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. Do you know approximately how much 2 the Quick Response Team program costs on an 3 annual basis? 4 A. I do not know that. 5 Q. Do you know how much the ADM Board 6 has spent on its portion of the Quick Response 7 Team for calendar year 2017 and calendar year 8 2018? 9 A. I do not have that specific figure. 10 I know our finance officer would have that 11 information. 12 Q. Do you have a particular budget for 13 the Quick Response Team? 14 A. I have not been given a specific 15 budget, no. 16 Q. Have you ever declined a request 17 for reimbursement from any counselors? 18 A. No. 19 Q. On any given month can you estimate 20 about how much the ADM Board reimburses 21 counselors for the Quick Response Team? 22 A. I cannot, because on the forms that 23 are given to me are just solely the time. 24 There's no dollar figures on those forms. 25 Q. Is it a set rate that is</p>
<p style="text-align: right;">Page 91</p> <p>1 planning phase of Quick Response Teams, we 2 reached out to the Mayor's Association, the 3 Police Chief's Association, as well as the Fire 4 Chief's in Summit County, and presented 5 information on what the Quick Response Teams 6 were and what their overall objective was, and 7 had them contact me or Jerry Craig if they had 8 an interest in setting up a Quick Response 9 Team. 10 Q. You mentioned that the ADM Board 11 pays a certain amount for the counseling 12 services; is that right? 13 A. Correct. 14 Q. Does the ADM Board reimburse the 15 police or the fire participants in the Quick 16 Response Team? 17 A. No. 18 Q. Do you know whether those entities 19 obtain funding from any outside -- any source 20 outside of the county of Summit for their work 21 on the Quick Response Teams? 22 A. There are, I think, four 23 communities that receive funding from the 24 attorney general in a grant form, and those are 25 Cuyahoga Falls, Barberton, Akron, and Green.</p>	<p style="text-align: right;">Page 93</p> <p>1 reimbursed? 2 A. Yes. 3 Q. Do you know what the set rate is? 4 A. I don't have the specific number. 5 I know it's \$25 and some-odd change. And it's 6 my -- that's per unit. 7 Q. What is a unit? 8 A. And for Quick Response Team, I 9 can't answer. It could vary. It could be 10 15-minute increments. It could be one-hour 11 increments, and I'm -- I'm not certain what our 12 finance office contracted with those agencies 13 and what that unit would be specifically. 14 Q. Is it your understanding that the 15 ADM Board has some sort of -- some sort of 16 document that would define, with each counselor 17 group, what the rate of reimbursement is and 18 what the definition of the unit is? 19 A. Yes. 20 Q. And do you know from where the 21 funding comes for the ADM Board to pay those 22 counselors? 23 A. The only thing I do know, it is 24 ADM-funded. I don't know specifically if where 25 it's -- what source it's from.</p>



<p style="text-align: right;">Page 94</p> <p>1 Q. Do you know how the ADM is funded?</p> <p>2 A. We have -- a large portion of our</p> <p>3 funding is levy funded. Approximately 80</p> <p>4 percent is levy funded from the Summit County</p> <p>5 taxpayers.</p> <p>6 Q. What is the other 20 percent?</p> <p>7 A. I'm not certain specifically as to</p> <p>8 the other revenue source -- sources.</p> <p>9 Q. Do you know whether any of the levy</p> <p>10 is designated or earmarked for any particular</p> <p>11 use?</p> <p>12 A. Not to my knowledge.</p> <p>13 Q. Do you know whether any of the --</p> <p>14 the additional 20 percent of funding to make up</p> <p>15 the 100 percent funding of the ADM Board,</p> <p>16 whether any of the 20 percent is earmarked or</p> <p>17 specified for a particular use?</p> <p>18 A. Some of the funding that comes</p> <p>19 through us is grant monies through the State of</p> <p>20 Ohio, the Ohio Department of Mental Health and</p> <p>21 Addiction Services. So if it is a funding</p> <p>22 source from there, there would be specific</p> <p>23 requirements for that.</p> <p>24 Q. Do any of the programs that you're</p> <p>25 involved with receive funding from the State?</p>	<p style="text-align: right;">Page 96</p> <p>1 meetings that the peer support in Summit County</p> <p>2 do have that is run by two peer supporters</p> <p>3 within our community, so I am just a</p> <p>4 participant in the meeting, and I reserve the</p> <p>5 office -- the meeting space for them.</p> <p>6 And then I am -- provide some</p> <p>7 technical assistance if they're having any</p> <p>8 difficulties getting their certifications or</p> <p>9 trainings for recertification. We will offer</p> <p>10 trainings that go towards that recertification.</p> <p>11 Q. What type of work does the peer</p> <p>12 support group do? Is it substance use or</p> <p>13 addiction work, or is it mental health work?</p> <p>14 A. So an individual, in order to be a</p> <p>15 certified peer recovery supporter, they have to</p> <p>16 have lived experience of either mental health</p> <p>17 or addiction. So there are some individuals</p> <p>18 that provide peer support in our mental health</p> <p>19 agencies. We have some individuals that</p> <p>20 provide peer support in our agencies that are</p> <p>21 more addiction focused. So both.</p> <p>22 Q. Are there any peer support groups</p> <p>23 that are focused on opioid use disorder?</p> <p>24 A. So the peer supporters that are</p> <p>25 employed by agencies that provide addiction</p>
<p style="text-align: right;">Page 95</p> <p>1 A. Yes.</p> <p>2 Q. Which programs?</p> <p>3 A. I provide oversight for some of the</p> <p>4 peer support, and some of our peer support</p> <p>5 services is funded through the 21st Century</p> <p>6 Cures Act. And we also have some recovery</p> <p>7 housing funded through that as well.</p> <p>8 Q. So let's skip down first to the</p> <p>9 peer support. That's the third bullet on</p> <p>10 Exhibit 2.</p> <p>11 What is your role with respect to</p> <p>12 the peer support program?</p> <p>13 A. I coordinate trainings. We have</p> <p>14 budgeted to offer three trainings annually for</p> <p>15 certified peer recovery supporters. It is a</p> <p>16 training offered through the Ohio Department of</p> <p>17 Mental Health and Addiction Services, so I</p> <p>18 coordinate them as far as the training dates.</p> <p>19 OhioMHAS does provide the funding</p> <p>20 for the trainers, which is \$1,500 each, and</p> <p>21 then we offer, provide the location for the</p> <p>22 training, as well as we provide the food for</p> <p>23 the training for the week. It's a 40-hour</p> <p>24 training for those counselors.</p> <p>25 I do participate in bimonthly</p>	<p style="text-align: right;">Page 97</p> <p>1 services, their focus is primarily with</p> <p>2 addiction.</p> <p>3 We have peer supporters that work</p> <p>4 in our specialty docket courtrooms, so those</p> <p>5 individuals are working specifically with</p> <p>6 individuals that primarily have addiction</p> <p>7 issues, if they're in that docket.</p> <p>8 And then, with our ADM Addiction</p> <p>9 Helpline, we have some provider agencies that</p> <p>10 receive ad- -- referrals through the Addiction</p> <p>11 Helpline, so those agencies are addiction</p> <p>12 focused.</p> <p>13 And our recovery housing providers,</p> <p>14 they are primarily substance use related, so</p> <p>15 they're primary experience is with addiction as</p> <p>16 well.</p> <p>17 Q. And for all of the -- those who</p> <p>18 work within addiction, does the ADM Board</p> <p>19 track, in the peer support program, what</p> <p>20 substance the addiction is related to or</p> <p>21 attributed to?</p> <p>22 A. So the individuals that provide</p> <p>23 peer recovery support services through the ADM</p> <p>24 Addiction Helpline, they are receiving funding</p> <p>25 through the Cures Act, and so a primary</p>

<p style="text-align: right;">Page 98</p> <p>1 requirement is that those individuals have  2 opioid use disorder as a diagnosis, as well as  3 two of the recovery housing providers that  4 receive Cures funding for clients that are on  5 that. So those individuals also have  6 specifically opioid use disorder diagnoses.  7 Q. For purposes of the peer support  8 group, is that -- are the peer support groups  9 separate from the ADM Helpline?  10 A. Yes.  11 Q. Are the peer support groups  12 separate from recovery housing?  13 A. Yes. They're just a component of  14 recovery housing.  15 Q. Understood, okay. So if the peer  16 support is provided in recovery housing that's  17 related to opioid use disorder, then the ADM  18 Board would have information about the opioid  19 use disorder; is that right?  20 A. Correct.  21 Also, for our -- in general, some  22 of the quarterly reports that are submitted for  23 recovery housing providers, we did modify the  24 outcomes form at the end of last year that we  25 were tracking. So for -- we have the data for</p>	<p style="text-align: right;">Page 100</p> <p>1 understanding that that had to be used for  2 opioid use disorder; is that right?  3 A. Uh-huh, yes.  4 Q. Thanks.  5 Do -- does the ADM Board do  6 anything to confirm a self-reported --  7 self-reported diagnosis of opioid use disorder  8 before being -- before submitting for payment  9 under the Cures Act?  10 A. So there is information that is  11 submitted on a monthly basis through the Cures  12 funding. The recovery housing providers, they  13 receive specifically funding to house  14 individuals that are engaged in MAT treatment,  15 so it is indicated in their monthly reporting,  16 the start date of the MAT treatment or if  17 they've declined it or stopped the MAT  18 treatment.  19 So that is submitted to us, as well  20 as the peer support information. We do have  21 information that is submitted to us,  22 demographics information, and information of  23 how many individuals have requested service,  24 ongoing service, have completed service. For  25 the peer support specifically, we do not get</p>
<p style="text-align: right;">Page 99</p> <p>1 all of 2018, and moving forward, we do look at  2 what substance, of the five recovery housing  3 providers that we fund, of what substance the  4 individuals were using.  5 Q. Is that information on a -- that  6 you started tracking for purposes of the  7 recovery housing, is that patient-reported or  8 self-reported information?  9 A. Yes.  10 Q. Okay. Does the ADM Board, as a  11 part of its tracking of the substances, confirm  12 or verify that information using medical  13 records or diagnoses?  14 A. Specifically to the recovery  15 housing providers, no. Part of the requirement  16 of being in our recovery housing is that  17 they're engaged with a treatment provider for  18 aftercare followup, so that information would  19 probably be those agency-specific information.  20 Q. Does the ADM Board do anything for  21 its own purposes to confirm this self-reported  22 substance?  23 A. No.  24 Q. So for purposes of funding, like,  25 for the Cures Act, for example, it was my</p>	<p style="text-align: right;">Page 101</p> <p>1 any personal health information submitted to  2 us, but for the recovery housing component, we  3 do get the PHI.  4 Q. What other responsibilities do you  5 have with respect to recovery housing?  6 A. We do complete annual audits of the  7 programs, and of that audit checklist, it will  8 ensure they are in compliance with Ohio  9 recovery housing, which we require all of our  10 providers to be certified through. This is a  11 statewide entity that look at housing standards  12 and requirements. We also review their  13 documentation and their billing as part of that  14 review process, and tour the facilities.  15 Q. Do you do that personally, or does  16 someone else at the ADM Board?  17 A. I personally did it. 2018 was the  18 first year we completed those.  19 Q. In 2017, did the ADM have any  20 involvement with recovery housing?  21 A. Yes. At that time, Oriana House  22 provide -- did complete those audits, as they  23 were the coordinator in 2017.  24 Q. Did ADM become the coordinator in  25 2018?</p>



<p style="text-align: right;">Page 102</p> <p>1 A. ADM assumed -- we contracted 2 directly with the recovery housing providers, 3 effective October 29th of 2017, with those 4 providers. And the coordinator for the 5 recovery housing beds and managing that 6 availability is staffed through ASCA, and they 7 are also the program that coordinates our ADM 8 Addiction Helpline. 9 Q. What is ASCA? 10 A. Akron Summit Community Action. 11 Q. The recovery housing, do the 12 residents in recovery housing all -- strike 13 that. 14 What percentage of the -- the users 15 of recovery housing have an opioid-related 16 addiction? 17 A. I don't have that number 18 specifically. 19 Q. Does anyone track the substances 20 that are related to the -- the users of 21 recovery housing? 22 A. So as I mentioned previously, 23 beginning in 2018, we did start tracking what 24 substances they were using. 25 Q. Where is that tracked?</p>	<p style="text-align: right;">Page 104</p> <p>1 Q. Do you know the source of the funds 2 from ADM for recovery housing in 2016? 3 A. I do not. 4 Q. How about 2017? 5 A. I do not. 6 Q. And 2018? 7 A. I do not, other than the Cures 8 funding for the two providers. 9 Q. That just covers the two providers 10 of recovery housing? 11 A. And only a limited number of beds. 12 It's not their whole program. 13 Q. How many recovery housing beds are 14 there total, if you know? 15 A. That ADM Board funds? 16 Q. Yes. 17 A. We currently fund 54 beds. 18 Q. How many are covered by the Cures? 19 A. That is 54 beds solely with 20 ADM funding. 21 Q. Separate and apart from -- 22 A. So when we look at the Cures 23 funding, it -- 13.5, I think, is how the dollar 24 amount came out to. 25 Q. So the ADM Board funds 54 beds.</p>
<p style="text-align: right;">Page 103</p> <p>1 A. It's a quarterly outcomes form 2 that's submitted to me. 3 Q. Who tracks it? 4 A. So the recovery housing providers 5 are responsible to submit that to me on a 6 quarterly process. We have not compiled an 7 annual report yet. 8 Q. Do you plan to? 9 A. Our hopes are, yes, to do an 10 overall summary. 11 Q. So you've received one full 12 calendar year of quarterly reports from the 13 recovery housing? 14 A. Yes. 15 Q. Do you know whether Oriana House 16 gathered that information for the calendar year 17 2017? 18 A. No, they did not. 19 Q. Do you know whether recovery 20 housing was in effect before 2017? 21 A. It was -- it was operated when I 22 began in the position of 2016, so as far as 23 when it began, I do not know, but I know it was 24 up and running and being funded through ADM 25 when I began my position.</p>	<p style="text-align: right;">Page 105</p> <p>1 Cures funds about 13.5 beds. Are there any 2 other recovery housing beds from any other 3 sources of funding? 4 A. Not through ADM entities. 5 Q. The Cures beds have to be 6 opioid-related, right? 7 A. Yes. 8 Q. Do the ADM-funded beds have to be 9 opioid-related? 10 A. No. 11 Q. Have you reviewed any of the data 12 that was gathered for 2018 to take a look at 13 how many of the ADM-funded beds involved 14 opioid-related issues? 15 A. No. 16 Q. Do you know whether the information 17 that was -- is tracked by the ADM now, and that 18 it tracked in 2018, identifies opioids by 19 categories, so whether prescription or illicit? 20 A. I can't recall specifically without 21 looking at the form. 22 Q. Who set up the form? 23 A. Eric Hutzell helped compile the 24 form, and as well as I had two social work 25 interns at the time. They looked at what the</p>

<p style="text-align: right;">Page 106</p> <p>1 Ohio recovery housing standards were versus 2 what we were collecting previously through 3 Oriana House, and created a molded form. 4 Q. Do you have any other 5 responsibilities with respect to recovery 6 housing? 7 A. Other -- other than what's listed, 8 no. 9 Q. What does monitoring the wait list 10 involve? 11 A. So we do have, as I mentioned, the 12 54 beds for recovery housing. One of the 13 recovery housing providers is more of an 14 apartment style, so it is a more highly desired 15 set of housing for individuals. So we do give 16 clients the choice of where they would like to 17 go. Highest priority for recovery housing are 18 individuals coming out of residential treatment 19 or detox services for those beds. 20 The staff member at ASCA does 21 coordinate that list. She provides me a weekly 22 update of the bed availability. And if there 23 are beds open, we will have discussions as to 24 why are there beds open, what are we doing to 25 fill those, and things like that.</p>	<p style="text-align: right;">Page 108</p> <p>1 Medicaid would not fund. 2 Q. And that funding comes from the 3 State? 4 A. Correct. 5 Q. Does any of the ATP work relate to 6 opioids? 7 A. There are individuals that are 8 involved in the docket that do have opioid use 9 disorder, but it's not specific -- let me take 10 that back. 11 Yes. Sorry about that. 12 Q. That's okay. 13 A. So they have to be MAT-eligible. 14 So when we say MAT-eligible, the client doesn't 15 have to be on MAT treatment, but they have to 16 be eligible to receive that treatment. 17 Q. And just so the record is clear, 18 can you tell us what MAT-eligible means? 19 A. Medication-assisted treatment. So 20 an individual that meets the criteria that 21 would qualify for, whether it's methadone, 22 Suboxone, or Vivitrol program, and they either 23 are inducted onto that medication-assisted 24 treatment or they have declined that treatment. 25 But they are -- if they choose to be on it,</p>
<p style="text-align: right;">Page 107</p> <p>1 Q. Do you then make determination of 2 who's next in line to fill the bed? 3 A. No. We have an overall protocol of 4 individuals coming from residential or detox 5 are top priority. And then, if individuals who 6 are also sometimes referred, if they are in 7 corrections setting or if they are in an IOP 8 program in the community, they are the next 9 priority. 10 Q. What is ATP and ATR? I'm looking 11 at the fourth bullet on Exhibit 2. 12 A. So those are two OMHAS-funded 13 programs. ATP is Addiction Treatment Program, 14 and ATR, that program did end in April of last 15 year, and it was Access to Recovery. 16 So both of those programs are 17 similar in the fact that with ATR, that was 18 designed for individuals that had a criminal 19 history or involvement in the criminal justice 20 system within the last 10 years. And it's -- 21 provided funding for recovery supports. 22 And then the ATP program, Addiction 23 Treatment Program, worked specifically with 24 individuals that are involved in the specialty 25 drug court dockets, and provides funding that</p>	<p style="text-align: right;">Page 109</p> <p>1 would qualify for that medication. 2 Q. So all participants in the ATP 3 program have to be eligible for medical -- 4 medical-assisted treatment; is that right? 5 A. Correct. 6 Q. So is it your understanding that 7 all of those ATP participants are -- have some 8 opioid-related issue? 9 A. So there are -- alcohol is also a 10 qualifying factor for the Vivitrol. 11 Q. Do you know, does ADM track what -- 12 how many of the ATP participants are opioid 13 versus alcohol? 14 A. We do not directly. So since this 15 is an OMHAS-funded program, we are simply the 16 passthrough for the funds. The providers that 17 have contracted -- well, have done a memorandum 18 of understanding with OMHAS to be part of ATP, 19 they enter into a data system called Tricep, 20 which is not monitored by us. 21 Q. What is your role with respect to 22 funding, if any, for the ATP program? 23 A. My primary responsible has been 24 working with the courts directly to identify 25 those recovery supports that can be funded</p>

<p style="text-align: right;">Page 110</p> <p>1 through the ATP program, such as recovery  2 housing or peer support services or other  3 treatment services, such as if they're not on  4 Medicaid yet, this will cover all their  5 treatment services until they do become on  6 Medicaid.  7 Q. Do you know how much funding from  8 the State the ATP program in Summit County  9 receives?  10 A. In -- what I can tell you, in July  11 1st of 2018, which is the fiscal calendar that  12 the State is on, they did not give us any  13 additional funds, but they did roll over funds  14 from the previous year, which I don't have the  15 exact number, but I know it was 900,000  16 something.  17 Q. Around 900,000?  18 A. Correct.  19 Q. And that's an annual amount?  20 A. That was rolled over to us from the  21 year previously, because we did not spend it.  22 Q. So the 900,000 was rolled over as  23 unused --  24 A. Correct.  25 Q. -- from the prior year?</p>	<p style="text-align: right;">Page 112</p> <p>1 A. Yes.  2 Q. Tell us, what is that?  3 A. So the Summit County OTF is the  4 Summit County Opiate Task Force, and I sit on  5 the criminal justice subcommittee, which some  6 of our law enforcement providers, our specialty  7 courts, sit on that committee. Probation as  8 well. Summit County sheriff's office also  9 participates on that.  10 Q. What is your role with that  11 subcommittee?  12 A. I'm a member of it. So I do not  13 have a leadership role in that subcommittee,  14 but we do -- I do provide report-outs for the  15 Quick Response Teams, since that is law  16 enforcement-related, as to how we are doing in  17 the community.  18 Q. Do you report at all at the Opioid  19 Task Force criminal justice committee about any  20 of the work under the ATP program?  21 A. Yes, sometimes ATP does come up in  22 our discussion.  23 Q. Because part -- a component of that  24 is the drug court?  25 A. Correct.</p>
<p style="text-align: right;">Page 111</p> <p>1 Do you know the total amount that  2 the ATP program in -- for that fiscal year of  3 2017 to 2018, received?  4 A. I don't know the specific number.  5 Q. But it was around 900,000 that was  6 left unused to roll over to this -- to  7 2018-2019?  8 A. Right.  9 Q. Did -- do you know whether ADM,  10 whether the ADM Board specifically requested  11 that that rolled-over funds remain within  12 Summit County?  13 A. I don't know specifically if that  14 request was made.  15 Q. Moving down Exhibit 2, this is --  16 gosh, it's kind of the bottom third of the  17 page. Do you see the bullet that begins  18 "Provide technical assistance"?  19 A. Uh-huh.  20 Q. And then underneath that is a  21 bullet that says, "Participate with the Summit  22 County OTF and sit on the criminal justice  23 subcommittee."  24 A. Yes.  25 Q. Do you see that?</p>	<p style="text-align: right;">Page 113</p> <p>1 Q. What is your role with respect to  2 drug court?  3 A. I do sit on the advisory council  4 for our Turning Point program, which is common  5 pleas-level drug court docket, and I also sit  6 on the advisory board for Barberton drug court.  7 Q. Do you have any specific focus, as  8 a part of the advisory committee, with respect  9 to specific substance or anything such as that?  10 A. Sometimes in the attendance of the  11 meetings, I'll update them on expanded  12 resources in the community or how to access  13 specific services.  14 Q. Other than being a member of the  15 criminal justice subcommittee, do you have any  16 role with the Opioid Task Force?  17 A. I did recently just transition off  18 of the Young People in Recovery Committee. I  19 do sit on there as a member, but I'm not the  20 primary ADM representative. That was due to a  21 staff member retiring in December of 2017. So  22 I did participate in that and chaired that  23 meeting for the last year, but in November of  24 2018, we did have two new co-chairs.  25 Q. How frequently were their meetings?</p>

<p style="text-align: right;">Page 114</p> <p>1 A. They are meeting quarterly. I --  2 usually about the week before the quarterly  3 Summit County Opiate Task Force meetings so  4 that they can provide an update on items that  5 they're working on.  6 Q. Did you attend the quarterly  7 meetings of the Summit County Opiate Task  8 Force?  9 A. When available, yes. I did not  10 attend the one -- the last one.  11 Q. Have you ever given any  12 presentations at the Summit County Opiate Task  13 Force?  14 A. Other than giving a report-out for  15 the Young People in Recovery Committee, no.  16 Q. Do you know what the kind of goal  17 is of the Young People in Recovery Committee?  18 A. So they have recently formed two  19 new subgroups of their committee. They are  20 focusing more on basically recovery resources  21 available for the youth within Summit County,  22 and then they are also going to look at  23 prevention efforts as well.  24 In 2018, we were -- we also did  25 have a subgroup looking at recovery high</p>	<p style="text-align: right;">Page 116</p> <p>1 ready to open up their recovery high school,  2 Heartland High School, and we did talk to her  3 about what the costs were that they were  4 looking at and what it would potentially cost  5 to start up a program.  6 Q. Do you recall what that figure was?  7 A. I know in Franklin County, they  8 were doing a private school model, and they  9 were looking to charge approximately \$30,000  10 annually per student.  11 Q. Was that number presented to the  12 Opiate Task Force of Summit County?  13 A. I can't recall directly if we gave  14 that in our report or not. But in reporting,  15 looking at the feasibility, it was also  16 discussed, would we do the private school  17 model, would we do a public school model, would  18 we do a charter school model. So some of the  19 education providers at the table weighed in on  20 that. Because I don't come from an education  21 background, I wasn't able to provide a lot of  22 feedback into that.  23 Q. Did your -- did the committee -- or  24 the subcommittee make any recommendations to  25 the Opiate Task Force about whether the</p>
<p style="text-align: right;">Page 115</p> <p>1 schools.  2 Q. What did you do to look at recovery  3 high schools?  4 A. We researched -- so there's only 41  5 in the U.S., but we did research. A lot of  6 them are based in California, Texas area. We  7 looked at some of the research. There's not a  8 lot of research out there.  9 And then we were looking at the  10 feasibility of bringing a recovery high school  11 to Summit County, and we got to the point of if  12 we had the funding, we had the building  13 location; this was what the program would look  14 like.  15 Q. Did you make any recommendations to  16 the Opiate Task Force?  17 A. We did present out on what we had  18 developed. At this time, we don't have an  19 education provider or county to kind of take it  20 over and put it into fruition.  21 Q. Did part of that evaluation include  22 evaluating the cost to the county to implement  23 a recovery high school?  24 A. Yes. We did meet with Sarah Neraad  25 from Franklin County, Ohio. They're getting</p>	<p style="text-align: right;">Page 117</p> <p>1 recovery high school would be a good idea?  2 A. What we did do was create the  3 report of, if we had the funding, if we had the  4 building location, this is what we would  5 recommend it look like. We did hand out the  6 one-page handout, indicating what that proposal  7 was at one of our quarterly Opiate Task Force  8 meetings.  9 Q. So you told the task force what it  10 would look like. Did you make a recommendation  11 of whether you thought it was something that  12 Summit County could benefit from?  13 A. I can't recall directly if we made  14 that specific recommendation of opening one.  15 THE REPORTER: Recommendation of?  16 THE WITNESS: Of opening one.  17 THE REPORTER: Thank you.  18 THE WITNESS: Uh-huh.  19 Q. Did the one-pager include a  20 recommendation; do you remember?  21 A. I can't recall directly.  22 Q. What else do you do with respect to  23 the Opiate Task Force?  24 A. Other than attend. I mean,  25 sometimes at the meetings people will come up</p>



<p style="text-align: right;">Page 118</p> <p>1 with questions or things like that, but.</p> <p>2 Q. Any questions about ADM services?</p> <p>3 A. ADM services, or if we do use that</p> <p>4 opportunity if there's some grass root programs</p> <p>5 or nonprofits, they will advertise events. I</p> <p>6 know the University of Akron this last fall had</p> <p>7 some sober tailgates and things like that they</p> <p>8 were advertising, so.</p> <p>9 Q. Do you know for how long the Summit</p> <p>10 County Opiate Task Force has been in existence?</p> <p>11 A. I don't know when they first</p> <p>12 initiated. I do know that when I came on board</p> <p>13 in May of '16, they were up and going.</p> <p>14 Q. Have you ever, in any of the</p> <p>15 presentations that you've presented or that</p> <p>16 you've given, have you used any standard slides</p> <p>17 from the Opiate Task Force?</p> <p>18 A. As part of the speaker's bureau of</p> <p>19 the Opiate Task Force, there have been some</p> <p>20 events that I've asked to go talk to, and, yes,</p> <p>21 we have used those slides.</p> <p>22 Q. How many times have you spoken as a</p> <p>23 part of the speaker's bureau for the Opiate</p> <p>24 Task Force?</p> <p>25 A. I don't have the specific number.</p>	<p style="text-align: right;">Page 120</p> <p>1 did talk about similar -- the similar</p> <p>2 PowerPoint. We also talked about our Addiction</p> <p>3 Helpline and the Quick Response Teams that we</p> <p>4 have implemented within the county.</p> <p>5 And at the superintendents meeting,</p> <p>6 we did -- I co-presented that with Yvonne</p> <p>7 Culver of Akron Public Schools, and we talked</p> <p>8 about some trends that were being seen within</p> <p>9 the schools, and we also talked about some</p> <p>10 prevention programming that's implemented and</p> <p>11 has done very well within our schools.</p> <p>12 Q. What trends do you recall reporting</p> <p>13 on that you're seeing in schools with respect</p> <p>14 to opioids?</p> <p>15 A. I can't recall specifically the</p> <p>16 content of the PowerPoint. I know we did talk</p> <p>17 about our youth risk behavior survey and some</p> <p>18 of the results; however, those results are from</p> <p>19 2013. We're in the process right now of doing</p> <p>20 an updated 2018 survey, so -- however, we don't</p> <p>21 have those results yet.</p> <p>22 Q. Who's conducting that survey?</p> <p>23 A. Case Western Reserve University and</p> <p>24 the Summit County ADM Board. And Summit County</p> <p>25 Public Health is paying for that to be done.</p>
<p style="text-align: right;">Page 119</p> <p>1 Q. Can you give me a ballpark?</p> <p>2 A. At least four engagements.</p> <p>3 Q. Can you gi- -- do you recall</p> <p>4 roughly when those engagements were?</p> <p>5 A. I -- I don't know the -- I would</p> <p>6 say -- I spoke at a town hall meeting in the</p> <p>7 fall of 2016. And then, last year, I did speak</p> <p>8 at OhioMeansJobs. They had an event. And in</p> <p>9 the summer, I would say, August of last year, I</p> <p>10 also presented to superintendents at an event</p> <p>11 that was put on by the Education Service</p> <p>12 Center, and they had asked if we would come</p> <p>13 present.</p> <p>14 Q. What did you present on at -- at</p> <p>15 each of those?</p> <p>16 A. At the town hall meeting, I</p> <p>17 presented the PowerPoint format that was</p> <p>18 formed -- formu- -- created by our public</p> <p>19 relations department. It's a template</p> <p>20 PowerPoint presentation that is utilized by the</p> <p>21 speaker's bureau to talk about not only the</p> <p>22 opioid epidemic, but also looking at how to</p> <p>23 access services specifically within Summit</p> <p>24 County.</p> <p>25 In the OhioMeansJobs conference, we</p>	<p style="text-align: right;">Page 121</p> <p>1 Q. From where did the ADM Board get</p> <p>2 funds to contribute to that survey?</p> <p>3 A. I don't know the specific source.</p> <p>4 I know the amount we contributed was 80,000.</p> <p>5 Q. Do you know when that survey will</p> <p>6 be completed and the results will be available?</p> <p>7 A. It's my understanding that we won't</p> <p>8 have the final report until fall of 2019.</p> <p>9 Q. Recognizing that you don't have a</p> <p>10 memory of exactly what was in the slides, can</p> <p>11 you give us a description of what you recall</p> <p>12 some of the trends in the schools were that you</p> <p>13 presented?</p> <p>14 A. So I myself did not present. On</p> <p>15 some of the information, Yvonne Culver, as I</p> <p>16 mentioned, she's part of Akron Public Schools,</p> <p>17 did do some of the presentations. Some of the</p> <p>18 presentations, she talked about was some of the</p> <p>19 experiences she has seen in the schools.</p> <p>20 One case she discussed was a second</p> <p>21 grader that was in the school, and her mother</p> <p>22 overdosed in the hallway of the school</p> <p>23 building. So they talked about how they really</p> <p>24 have to look at the larger picture in working</p> <p>25 with these children, and maybe seeing what the</p>

<p style="text-align: right;">Page 122</p> <p>1 issues are outside of the school building, and 2 being cognizant of that. 3 Q. What was your portion of that 4 presentation to the superintendents? 5 A. So I presented on the youth risk 6 behavior survey and the results from 2013, and 7 then also promoting and encouraging schools to 8 be involved in the 2018 conference. I 9 presented on resources that are available in 10 Summit County. And then I also talked about 11 some of the prevention programming that we are 12 doing within the Summit County. 13 Q. The OhioMeansJobs presentation, you 14 said it was a similar PowerPoint to the town 15 hall PowerPoint, and you described that as 16 including a description of the opioid epidemic 17 and then how to access services, right? 18 A. Yes. 19 Q. Do you -- what do you present 20 regarding the opioid epidemic? 21 A. Some of the slides do include 22 statistically that the United States accounts 23 for 99 percent of the opioid prescription, of 24 the opioid medication, and we talked about 25 specifically how -- we showed statistics that</p>	<p style="text-align: right;">Page 124</p> <p>1 MS. KEARSE: Object to form. 2 A. Some of the items that we did talk 3 about in the presentation, we talked about how, 4 historically, the amount of pills that were 5 coming into the community was extremely high, 6 and we talked about how the contributing 7 factors were with the combination of people 8 prescribing the medications, were informed that 9 these are safe medications; we can prescribe 10 these medications. 11 Part of the presentation was also 12 inclusive of information of how consumers had 13 that sense of safety because a doctor is 14 prescribing this to me, so they wouldn't do 15 anything that would harm me. 16 So those are some of the -- without 17 looking at it specifically, some of the items 18 we talked about. 19 We also talked about with -- with 20 the facade of, with Joint Commission, the 21 pressure of the pain as the fifth vital sign 22 and really putting the pressure on not only 23 facilities to offer these pain medications. I 24 know they're -- and how their client surveys 25 may reflect them negatively if they didn't give</p>
<p style="text-align: right;">Page 123</p> <p>1 were compiled from Summit County Public Health 2 that show the increase in the number of 3 overdose deaths specifically within Summit 4 County. 5 Q. Do you know where the statistics 6 regarding the U.S. use of opioids versus other 7 countries' use of opioids, where that comes 8 from? 9 A. I know it's cited in the 10 PowerPoint, but I don't know the exact one, 11 because I did not create the PowerPoint. 12 Q. Got it. 13 Anything else you present regarding 14 the opioid epidemic that you can recall? 15 A. Not offhand, no. 16 Q. Do you talk about the causes of the 17 epidemic? 18 A. So part of the presentation, yes, 19 we'll -- some of the presentation will include 20 how we got here, so to speak. 21 Q. And as you sit here today, 22 recognizing you don't have the presentation in 23 front of you, but do you have any memory of 24 what some of those -- some of those 25 contributing factors are?</p>	<p style="text-align: right;">Page 125</p> <p>1 the pain medication. 2 Q. Do you talk about how the opioid 3 epidemic is a -- a complex epidemic and has 4 many factors? 5 MS. KEARSE: Object to form. 6 A. I don't recall specifically as far 7 as all the content. I didn't -- because, like 8 I mentioned before, our public relations 9 department formulated the PowerPoint. 10 Q. Do you know whether Dr. Smith was 11 involved at all in preparing the PowerPoint? 12 A. I do not. 13 Q. Did you ever talk him about the -- 14 the slides, specifically on the opioid 15 epidemic, before you presented it? 16 MS. KEARSE: Object to form. 17 A. No. 18 Q. Did you ever see him present or 19 make any presentations regarding the opioid 20 epidemic? 21 A. Yes. 22 Q. When did you see him give a 23 presentation? 24 A. He presented over this past summer. 25 There was a -- a -- or actually it was probably</p>



<p style="text-align: right;">Page 126</p> <p>1 the fall -- a career fair at University of  2 Akron. A behavioral health career fair.  3 Q. And what do you -- what do you  4 remember about his presentation?  5 A. He -- part of it was the PowerPoint  6 provided by the speaker's bureau, but he also  7 went into the science of addiction as well.  8 Q. Do you recall what portion of  9 the -- the speaker's bureau, as you described  10 it, PowerPoint he used?  11 A. I can't recall the specifics.  12 Q. Do you remember whether he talked  13 about kind of how we got here, like what -- the  14 genesis of the opioid epidemic?  15 A. I'm -- he did lead into the -- the  16 initial part of the presentation did talk about  17 that, yes.  18 Q. And do you remember what he said  19 about that?  20 A. I don't know specifically. He did  21 use the PowerPoint slides that we've kind of --  22 that we've created and utilized at various  23 presentations, so.  24 Q. Do you remember him mentioning that  25 the Joint Commission prescribing guidelines and</p>	<p style="text-align: right;">Page 128</p> <p>1 A. Yes.  2 Q. What is, first, OACBHA? And then,  3 second, I'm curious what your participation is  4 with their opiate committee.  5 A. Ohio Association of County  6 Behavioral Health -- I don't know the last  7 name.  8 Q. But that's what OACBHA is, right?  9 A. Yes.  10 Q. Okay. And what is your involvement  11 with OACBHA's opiate committee?  12 A. So I sit on this committee. The  13 OACBHA offices are in Columbus, so we meet  14 every other month, whether it's in-person or  15 via telephone. And we -- one of the  16 initiatives that we did last year was create an  17 appreciation week for first responders, as kind  18 of a thank you. So that committee really  19 worked with that.  20 We also worked together as a  21 committee around programming. A lot of times  22 the ATP funding is discussed in these meetings,  23 other grants that are maybe going -- that are  24 coming up or have been released will be  25 discussed in this committee. And we -- they do</p>
<p style="text-align: right;">Page 127</p> <p>1 pain as the fifth vital sign?  2 A. I don't remember specifically if he  3 brought that specific part of the presentation  4 up.  5 Q. Do you recall him talking about  6 client surveys at all?  7 A. I don't.  8 Q. Do you recall him talking about the  9 perception that medications are safe if they  10 come from your doctor?  11 A. I don't remember.  12 MS. KEARSE: We've been going for  13 over an hour. Is this --  14 MS. FEINSTEIN: Uh-huh. Yeah, we  15 can take a break here.  16 Or I just have a couple more  17 questions on Exhibit 2. And if you're okay to  18 go for a few more minutes, I can just wrap this  19 up and then we can break. Is that good?  20 THE WITNESS: Uh-huh. Uh-huh.  21 Q. Referring you back to Exhibit 2,  22 the third bullet from the bottom --  23 A. Okay.  24 Q. -- of the first page says,  25 "Participate with the OACBHA opiate committee."</p>	<p style="text-align: right;">Page 129</p> <p>1 also plan the Ohio opiate conference that's --  2 occurs annually in June.  3 Q. Do you know for how long the opiate  4 committee has existed at OACBHA?  5 A. I -- we had our first meeting in  6 2017. The date I don't know.  7 Q. And it's your understanding that  8 the committee did not exist prior to 2017?  9 A. Correct.  10 MS. FEINSTEIN: All right. Why  11 don't we take a break here.  12 THE VIDEOGRAPHER: Off the record,  13 11:54.  14 (A recess was taken.)  15 THE VIDEOGRAPHER: On the record,  16 12:53.  17 MS. FEINSTEIN: Thank you.  18 BY MS. FEINSTEIN:  19 Q. Welcome back, Ms. Patton.  20 Before the break, we were talking  21 about the opiate committee with OACBHA.  22 A. Uh-huh.  23 Q. And it was, I believe, your  24 understanding that the first meetings of that  25 committee were in 2017; is that right?</p>

<p style="text-align: right;">Page 130</p> <p>1 A. Yes.</p> <p>2 Q. And before that, I had asked you</p> <p>3 about the Summit County Opiate Task Force,</p> <p>4 right? Do you recall that?</p> <p>5 A. Yes.</p> <p>6 Q. And you testified that that entity</p> <p>7 was in existence when you joined the ADM Board,</p> <p>8 right?</p> <p>9 A. Yes.</p> <p>10 Q. Earlier, when you were at</p> <p>11 Northcoast Behavioral Healthcare, you had</p> <p>12 attended conferences regarding opioids,</p> <p>13 correct?</p> <p>14 A. Yes.</p> <p>15 Q. And those conferences you thought</p> <p>16 were in the kind of 2011-2012 time frame, sort</p> <p>17 of the -- near the end of when you were a SAMI</p> <p>18 counselor?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 Misstates her char- -- her testimony.</p> <p>21 A. Yes, was around 2011.</p> <p>22 Q. Around 2011-ish?</p> <p>23 A. I think was the first training. I</p> <p>24 don't have the specific dates, though.</p> <p>25 Q. Sure. Do you recall what the</p>	<p style="text-align: right;">Page 132</p> <p>1 When I worked at Northcoast Behavioral</p> <p>2 Healthcare, there were times where we would</p> <p>3 refer clients to services, but more often than</p> <p>4 not, we would contact the provider directly.</p> <p>5 We wouldn't go through the board.</p> <p>6 Q. Before you accepted the position</p> <p>7 with the ADM Board, did you do any research</p> <p>8 online to learn more about the entity?</p> <p>9 A. At the time, when I scheduled an</p> <p>10 interview with them, I did look at the</p> <p>11 Internet, their website, in preparation for the</p> <p>12 interview.</p> <p>13 Q. Who do you interview with?</p> <p>14 A. My initial interview was with Aimee</p> <p>15 Wade, and at the time, Jackie Steward, who was</p> <p>16 our human resource. I then was called back for</p> <p>17 a clinical team interview, and that comprised</p> <p>18 of Christine Smalley, Beth Kuckuck, Joann Arndt</p> <p>19 and Chris Freeman-Clark. And Dr. Aaron</p> <p>20 Ellington was also present. And then I was</p> <p>21 called back for a third interview directly with</p> <p>22 Jerry Craig.</p> <p>23 Q. At any time did you interview with</p> <p>24 Dr. Smith?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 131</p> <p>1 subject matter of those trainings were, those</p> <p>2 2011 trainings at the State?</p> <p>3 A. So the OACBHA opiate conference was</p> <p>4 opiate-specific. I did attend those. 2011,</p> <p>5 I -- and I did actually attend 2014. And I</p> <p>6 don't know if I attended any others of the</p> <p>7 opiate conference.</p> <p>8 I attended the Addiction Studies</p> <p>9 Institute as well, which was in downtown</p> <p>10 Columbus. I don't have the specific years. I</p> <p>11 know I have attended it a few times, so.</p> <p>12 Q. Before you joined the Summit ADM</p> <p>13 Board, what did you know about the Summit ADM</p> <p>14 Board?</p> <p>15 A. Minimal. So I -- my involvement</p> <p>16 primarily with the Summit ADM Board was with</p> <p>17 Chris Freeman-Clark and Joanne Arndt, so --</p> <p>18 with my role at the hospital. So -- and Summit</p> <p>19 County was just one of the counties that we</p> <p>20 served at the hospital, so very little about</p> <p>21 the board itself.</p> <p>22 Q. Did you have any interaction with</p> <p>23 the ADM Board and its addiction services before</p> <p>24 you joined the board in 2016?</p> <p>25 A. Not with the board specifically.</p>	<p style="text-align: right;">Page 133</p> <p>1 Q. What is Dr. Ellington's background?</p> <p>2 A. He's our evidence-based practice</p> <p>3 coordinator. I know professionally he's a</p> <p>4 psychologist. Also has his LICDC.</p> <p>5 Q. What is LICDC?</p> <p>6 A. Licensed independent chemical</p> <p>7 dependency counselor.</p> <p>8 Q. How long has he been with the</p> <p>9 board?</p> <p>10 A. I don't know. He was there when I</p> <p>11 started.</p> <p>12 Q. And what is your understanding of</p> <p>13 evidence-based practice coordinator? What is</p> <p>14 that?</p> <p>15 A. So he works with our agency</p> <p>16 providers on such initiatives such as cognitive</p> <p>17 behavior therapy, motivational interviewing,</p> <p>18 other treatment modalities that are</p> <p>19 evidence-based, have been deemed evidence-based</p> <p>20 by SAMHSA at the national level. And he works</p> <p>21 at working with those providers, not only</p> <p>22 training them, training their staff, but also</p> <p>23 ongoing monitoring of those practum- practices.</p> <p>24 Q. Do you work with him on any of</p> <p>25 those programs, evidence-based programs?</p>

<p style="text-align: right;">Page 134</p> <p>1 A. Not directly, no.</p> <p>2 Q. Other than -- strike that.</p> <p>3 Do you consider Dr. Ellington a --</p> <p>4 a provider of addiction services?</p> <p>5 A. No.</p> <p>6 Q. No?</p> <p>7 A. No.</p> <p>8 Q. Are you the only one in the -- the</p> <p>9 clinical group at the ADM Board with -- with</p> <p>10 addiction training certifications?</p> <p>11 A. As I mentioned, Dr. Aaron Ellington</p> <p>12 does have his LICDC, licensed independent</p> <p>13 chemical dependency counselor, but as far as</p> <p>14 his role with ADM, doesn't necessarily utilize</p> <p>15 it in his role. Other than that, yes, I am the</p> <p>16 only one that has the certification, licensure.</p> <p>17 Q. Prior to you joining the ADM, do</p> <p>18 you know whether anyone had licensure in</p> <p>19 addiction besides Dr. Ellington?</p> <p>20 A. I'm not certain what Paula's</p> <p>21 credentials were. I know she was a registered</p> <p>22 nurse, but I don't know if she also had</p> <p>23 chemical dependency training.</p> <p>24 Q. When did she leave?</p> <p>25 A. It's my understanding she retired a</p>	<p style="text-align: right;">Page 136</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. Not that I know of.</p> <p>3 Q. Do you know of any grants that the</p> <p>4 ADM Board receives from Summit County for any</p> <p>5 services?</p> <p>6 A. No.</p> <p>7 Q. Does the ADM Board receive any --</p> <p>8 any funds from the County that are earmarked</p> <p>9 specifically for opioid-related activities?</p> <p>10 A. Can you repeat that again?</p> <p>11 Q. Sure. Does the ADM Board receive,</p> <p>12 from Summit County, any funds that are</p> <p>13 earmarked for opioid-related activities?</p> <p>14 A. Not that I know of that are</p> <p>15 specific from the county government.</p> <p>16 Q. Does the ADM Board receive any</p> <p>17 services from the County to assist the ADM</p> <p>18 Board in performing opioid-related services?</p> <p>19 A. Our Summit County Public Health</p> <p>20 does have a program where they dis- -- educate</p> <p>21 and dispense Project DAWN kits. They also have</p> <p>22 Summit Safe, which is our needle exchange</p> <p>23 program. And I -- Summit County Public Health</p> <p>24 had -- gives access to the naloxone medication.</p> <p>25 Q. Do you know from where Summit</p>
<p style="text-align: right;">Page 135</p> <p>1 few months before I started. I think there was</p> <p>2 a couple months' gap before I began.</p> <p>3 Q. Do you have any understanding of</p> <p>4 the ADM Board's relationship with Summit</p> <p>5 County?</p> <p>6 A. Other than the understanding I had</p> <p>7 from when I came on board of we are an entity</p> <p>8 within Summit County that helps fund programs</p> <p>9 within the county.</p> <p>10 Q. Does the ADM Board receive funding</p> <p>11 directly from Summit County?</p> <p>12 A. Are you asking, like, specifically</p> <p>13 from, like, the county executives or --</p> <p>14 Q. Yeah. So you mentioned earlier</p> <p>15 that there is a dedicated levy --</p> <p>16 A. Correct.</p> <p>17 Q. -- for the ADM Board, right?</p> <p>18 A. Correct.</p> <p>19 Q. And that those funds come from,</p> <p>20 essentially, the taxpayers of the county,</p> <p>21 right?</p> <p>22 A. Correct.</p> <p>23 Q. Are you aware of any funds that the</p> <p>24 ADM Board receives from the county government</p> <p>25 to the ADM Board, not counting the levy?</p>	<p style="text-align: right;">Page 137</p> <p>1 County Public Health gets the funds to pay for</p> <p>2 Project DAWN?</p> <p>3 A. Ohio Department of Health.</p> <p>4 Q. Do you know where the Summit County</p> <p>5 Public Health gets the fund to pay for the</p> <p>6 needle exchange program?</p> <p>7 A. I do not. I do not.</p> <p>8 Q. The naloxone that you referred to,</p> <p>9 that's part of Project DAWN, right?</p> <p>10 A. Yes. So they receive funding from</p> <p>11 Ohio Department of Health, and then ADM Board</p> <p>12 does also provide funding to public health</p> <p>13 for -- to go in excess of what Ohio Department</p> <p>14 of Health funds.</p> <p>15 Q. So the Summit County Public Health</p> <p>16 Department doesn't provide ADM funds; in fact,</p> <p>17 ADM provides Summit County Public Health some</p> <p>18 funds for Project DAWN, right?</p> <p>19 A. Yes, yeah.</p> <p>20 Q. Does the ADM Board provide the</p> <p>21 Summit County Public Health Department funds</p> <p>22 for the needle exchange?</p> <p>23 A. I don't know if that's in their</p> <p>24 contract or not.</p> <p>25 Q. Do you know how many contracting</p>

<p style="text-align: right;">Page 138</p> <p>1 agencies the ADM Board works with that address 2 substance use issues? 3 A. Without having the list in front of 4 me and being able to count it, I don't know the 5 number offhand. 6 Q. Can you give me a ballpark? 7 Recognizing you don't have the list in front of 8 you. 9 A. The number of providers that treat 10 opioid use disorder? Is that the question? 11 Q. It's a little broader than that. 12 A. Okay. 13 Q. So I'm curious how many service 14 providers ADM contracts with that provide 15 substance -- 16 A. Okay. 17 Q. -- use services. 18 A. Just one more question. 19 Q. Sure. 20 A. Are you referring to just treatment 21 services, or treatment and prevention? 22 Q. Any kind of services related to 23 substance use. 24 A. Okay. I would say, ballpark, 10. 25 Q. Of those 10, can you give me an</p>	<p style="text-align: right;">Page 140</p> <p>1 specific outcome measurements on a regular 2 basis to the ADM Board; however, I'm not 3 knowledgeable of what specifically they're all 4 tracking, so I'm -- I don't know. 5 Q. Do you know how frequently the 6 service providers report to the ADM Board? 7 A. Depending on the program, when they 8 complete their contracts with their budget 9 applications to ADM Board, they determine if 10 it's going to be quarterly, biannually, 11 semiannually. But, for the most part, they -- 12 the majority report quarterly. 13 Q. Do they report to you or somebody 14 else at the ADM Board? 15 A. So there is an outcomes e-mail that 16 everything is submitted to, and it gets saved. 17 And prior to Eric Hutzell departing, that was 18 one of his primary responsibilities is -- was 19 working with the outcomes that were collected. 20 Q. Do you have access to the outcomes 21 e-mail? 22 A. I do not have access to it, no. 23 Q. Do you see the reports, whether 24 they be quarterly or -- or at some other 25 interval, directly or do you just see an</p>
<p style="text-align: right;">Page 139</p> <p>1 estimate of how many provide opioid services? 2 A. When you reference just 3 opioid-specific services, so, generally, all of 4 our addiction providers treat all addictions. 5 Q. Sure. 6 A. Not just one addiction. So are 7 you meaning they have programs that are in 8 addition to their overall programs that can be 9 specific for opioid use disorder? 10 Q. That's a great question. Let me 11 ask it -- I'll ask a little bit of a better 12 question. 13 Do any of the 10 -- 14 A. Okay. 15 Q. -- only service opioid-related 16 issues? 17 A. No. 18 Q. Recognizing that 10 was an 19 estimate, does the ADM Board track, for each of 20 those contracting service providers, what 21 portion of their substance use treatment or 22 prevention goes to opioids versus other 23 substances? 24 A. What I am aware of is I do know 25 that the providers are required to submit</p>	<p style="text-align: right;">Page 141</p> <p>1 analysis done by Eric Hutzell? 2 A. If I want to go into our shared 3 drive and look at them specifically, I can. I 4 have not gone into any of those quarterly 5 reports and looked at them individually, and 6 have just -- if there's typically information I 7 need for a report or pres- -- Eric Hutzell 8 would be the one that would compile that 9 information and give that to me. 10 Q. Have -- do you know whether the ADM 11 Board has interviewed anybody to take Eric's 12 positions? 13 A. They did begin the interview 14 process last week, I think. 15 Q. And will you participate in that 16 interview process? 17 A. When it gets to the clinical team 18 part, yes. As many members that are available 19 will participate in that interview. 20 Q. Do you know what kind of background 21 the ADM Board is looking for to fill that 22 position? 23 A. I do not. I did not see the -- I 24 did not look at the job posting before they -- 25 when they posted it.</p>

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1 Q. What was the other vacancy that you  
2 mentioned?

3 A. The care access and clients' rights  
4 coordinator.

5 Q. That's not a clinical position,  
6 right? Or is it?

7 A. It is.

8 Q. It is?

9 A. Uh-huh.

10 Q. Okay. So there are two openings  
11 within the clinical group?

12 A. Yes. That position will primarily  
13 provide oversight with the adult mental health  
14 system, as well as clients' rights officer to  
15 the board.

16 Q. Does that position have any  
17 responsibility for addiction services?

18 A. Historically, no. Because we are a  
19 small department, our desire is to bring on  
20 staff that have a wide history and an  
21 experience across, so they can cross-cover.

22 Q. How much of your work -- I know  
23 your title includes the word "addiction," but  
24 how much of your work is focused on addiction  
25 as opposed to mental health services?

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1 A. I would say 95 percent or higher is  
2 solely addiction.

3 Q. And of that 95 percent or higher,  
4 can you give me an estimate about how much is  
5 related to opioid issues?

6 A. I think that number has ebbed and  
7 flowed since I've become a staff member. When  
8 I was first hired on, I would say over 90 --  
9 100 percent of the time was dedicated to the  
10 opioid use disorder. But as far as giving a  
11 range now, in looking at the various programs  
12 that I provide oversight with and participate  
13 in, I would say over 50 percent.

14 Q. When -- when did that change, that  
15 percentage? When did it reduce from opioid to  
16 about half-and-half opioid versus non-opioid?

17 MS. KEARSE: Object to form.

18 A. I think more recently. I would say  
19 over the last six -- the -- months or so, we've  
20 kind of tried to expand out and look at other  
21 services we're offering. Like I mentioned  
22 before, recovery housing isn't only for opioid  
23 use, so a lot of times we'll be dealing with  
24 other substances and things like that.

25 Q. So at some point in 2018?

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1 A. Yeah. And also with other  
2 vacancies that were in the department, it  
3 create- -- caused me to have to cover other  
4 areas that weren't necessarily dedicated  
5 solely, such as the Addiction Helpline covers  
6 all substances, and things like that.

7 Q. Did you know, when you first joined  
8 the ADM Board, that the vast majority, if not  
9 all of your time, would be spent on opioid  
10 issues when you joined in 2016?

11 A. No.

12 Q. Did you do anything before you  
13 joined the board to learn about the status of  
14 the opioid issue in Summit County?

15 A. No.

16 Q. Did you have any awareness, when  
17 you joined the board, of the -- the status of  
18 opioid issues in Summit County?

19 A. Not until I was hired on and was  
20 orienting for the position.

21 Q. Who trained you when you joined?

22 A. A variety of the clinical team. So  
23 I -- I did receive some orientation from my  
24 supervisor, Aimee Wade. I also received  
25 orientation from other members of the clinical

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1 team. I spent some time with each of them.  
2 And then a lot of it was really  
3 figuring out the position for myself, because  
4 it was a newly formed position that they  
5 combined other roles into one. So this  
6 position did not exist completely as it is now  
7 prior to me coming on board.

8 Q. The person who retired who preceded  
9 you, Paula -- what was her last name?

10 A. Rabinowitz.

11 Q. Ms. Rabinowitz was with the board  
12 for how long?

13 A. I don't know.

14 Q. What -- do you have any  
15 understanding of what her responsibilities were  
16 when she was with the board before she retired?

17 A. It was my understanding that she  
18 provided oversight over the addiction  
19 programming, adult addiction programming, as  
20 well as I know she was involved with recovery  
21 housing and peer support.

22 Q. At some point did you -- strike  
23 that.

24 Do you agree that there is an  
25 opioid epidemic in Summit County?



<p style="text-align: right;">Page 146</p> <p>1 A. Yes.</p> <p>2 Q. When did you first learn that there</p> <p>3 was an opioid epidemic in Summit County?</p> <p>4 A. As I mentioned, I didn't really</p> <p>5 follow Summit County too closely prior to being</p> <p>6 employed in Summit County, and then quickly</p> <p>7 realized the state hospital was just a very</p> <p>8 small part of Summit County. So in that sense,</p> <p>9 I really didn't involve myself or educate</p> <p>10 myself on the situation until becoming employed</p> <p>11 in May of 2016.</p> <p>12 Q. So you didn't learn that there was</p> <p>13 an opioid epidemic in Summit County until you</p> <p>14 joined the ADM Board in May of 2016?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. I would say it's not that I didn't</p> <p>17 know there was an issue. I didn't follow it</p> <p>18 closely. I'm not a resident of Summit County,</p> <p>19 nor did -- was that my primary work</p> <p>20 responsibility.</p> <p>21 Q. When did you first become aware of</p> <p>22 an opioid issue in Summit County?</p> <p>23 A. I don't have a specific date. I</p> <p>24 want to -- in my work at the hospital, prior to</p> <p>25 becoming -- coming on board at Summit County,</p>	<p style="text-align: right;">Page 148</p> <p>1 focus was the -- the number of pills; is that</p> <p>2 right?</p> <p>3 A. And how there were -- they were so</p> <p>4 readily accessible and such a large number of</p> <p>5 individuals were abusing medication.</p> <p>6 Q. Did you -- did you understand that,</p> <p>7 the number of pills, to be referring to</p> <p>8 prescription opioids versus illicit opioids?</p> <p>9 A. It's my understanding that it was</p> <p>10 prescription.</p> <p>11 Q. So back at that first conference,</p> <p>12 around 2011 or so, you had an understanding</p> <p>13 that at least there -- there were reports of --</p> <p>14 of high numbers of prescription opioids being</p> <p>15 available --</p> <p>16 MS. KEARSE: Object to --</p> <p>17 Q. -- that were problematic in Ohio?</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 A. Yes.</p> <p>20 THE REPORTER: I didn't hear the</p> <p>21 answer.</p> <p>22 THE WITNESS: Yes. I'm sorry.</p> <p>23 Q. When you joined the ADM Board, did</p> <p>24 any member of the ADM Board provide information</p> <p>25 to you specific to the opioid issue as it</p>
<p style="text-align: right;">Page 147</p> <p>1 we did work with clients that came from the</p> <p>2 county at times. But, as I said, I really</p> <p>3 didn't familiarize myself with the situation</p> <p>4 prior to becoming employed.</p> <p>5 Q. The conferences that you attended</p> <p>6 when you were a SAMI counselor, did any of them</p> <p>7 talk about the opioid issue in terms of it</p> <p>8 building an opioid epidemic in any region in</p> <p>9 Ohio?</p> <p>10 A. I don't know if the word "epidemic"</p> <p>11 was used. I know that in the first -- in the</p> <p>12 Ohio opiate conferences through OACBHA, it was</p> <p>13 definitely a growing discussion in looking at</p> <p>14 the -- the increasing issue.</p> <p>15 If I could recall correctly, the</p> <p>16 initial conference, the first conference,</p> <p>17 really focused on just -- southern Ohio was a</p> <p>18 big hot topic. But they really focused on --</p> <p>19 just on, per capita, how many pills per person</p> <p>20 in regions were available, whether that's</p> <p>21 adult, child, infant, older adult. And that</p> <p>22 was a lot of the focus, so that's where the</p> <p>23 discussion -- where I've first heard the</p> <p>24 discussion in Ohio.</p> <p>25 Q. So at that first conference, a big</p>	<p style="text-align: right;">Page 149</p> <p>1 relates to Summit County?</p> <p>2 A. I can't recall the specific</p> <p>3 conversations we had. I know that it was part</p> <p>4 of some of the orientation and on-boarding, and</p> <p>5 just basically introducing me to programs,</p> <p>6 meetings, committees, so on and so forth. But</p> <p>7 I don't remember the specifics of the</p> <p>8 conversations.</p> <p>9 Q. Do you remember whether you</p> <p>10 reviewed any documents that were prepared by</p> <p>11 the ADM Board that summarize the opioid issue</p> <p>12 in Summit County or anything like that?</p> <p>13 A. When I was first employed, I know,</p> <p>14 like, at the quarterly Opiate Task Force</p> <p>15 meetings, I would look at the presentation that</p> <p>16 was being presented and would see that</p> <p>17 information.</p> <p>18 Q. Did you review any of the reports</p> <p>19 from the Opiate Task Force, either annual</p> <p>20 reports or any other reports generated by the</p> <p>21 Opiate Task Force?</p> <p>22 A. When I first was employed or --</p> <p>23 Q. Yes, when you were first employed.</p> <p>24 A. Nothing initially, no.</p> <p>25 Q. Since joining the ADM Board, have</p>

<p style="text-align: right;">Page 150</p> <p>1 you reviewed the annual reports of the Opiate 2 Task Force? 3 A. I will look at them, probably a 4 couple hours before, because typically that's 5 when we get them e-mailed to us. And I will 6 look at them and then listen to the 7 presentation at the board -- at the meetings 8 when I'm there. 9 Q. Do you play any role in preparing 10 any portion of the annual report for the Opiate 11 Task Force? 12 A. No. 13 Q. Do any of the programs that -- that 14 you're involved with provide annual reports to 15 the board or to any stakeholders? 16 A. We did provide an annual report 17 that Eric Hutzell compiled in 2017 that we had 18 discussed earlier. We have not compiled a 2018 19 report. 20 There is an overall annual report 21 that was completed by the board every year, and 22 I will assist in the areas that fall under me 23 to provide those updates, such as how many peer 24 recovery supporters have been trained in the 25 community, recovery housing beds available, and</p>	<p style="text-align: right;">Page 152</p> <p>1 PowerPoint for those meetings. 2 Q. Did you prepare any written 3 information for any of those meetings? 4 A. No. 5 Q. Do you present -- do you present 6 the information at the quarterly QRT meetings? 7 A. At the time Eric was employed with 8 us, so Eric attended those meetings with me. I 9 would assist if he wasn't able to be present, 10 but for the most part, Eric reported that out, 11 because he could field any question they may 12 have. 13 Q. Part of the reports, the quarterly 14 reports for the QRT, talk about the impact of 15 the program, right? 16 A. Uh-huh. 17 Q. Yes? 18 A. Yes. 19 Q. Do you track the impact -- or 20 strike that. 21 Do you monitor the impact of any 22 other programs, such as the recovery housing 23 program or the peer support program? 24 A. So with the peer support program, 25 there's no Summit County peer support program.</p>
<p style="text-align: right;">Page 151</p> <p>1 information of that nature. 2 Q. And you'll provide -- for that 3 board annual report, do you provide a narrative 4 section, or do you provide just data? 5 A. I provide the data, and then my 6 supervisor compiles the report. 7 Q. Do you ever review or edit any 8 narrative portion of the ADM Board annual 9 report? 10 A. No. 11 Q. The annual report that you 12 referenced earlier today and that you just 13 mentioned that Mr. Hutzell worked on, that was 14 for the Quick Response Team; is that right? 15 A. Correct. 16 Q. You also mentioned that there were 17 quarterly meetings of the Quick Response Team. 18 Did you prepare any sort of reports for those 19 quarterly meetings? 20 A. Eric Hutzell prepared the 21 quarterly. Sorry. 22 Q. Did he prepare PowerPoints for 23 those meetings? 24 A. It was -- it was probably about 25 four slides, but, yeah, he would do a</p>	<p style="text-align: right;">Page 153</p> <p>1 It's just there -- we have certified peer 2 recovery supports that are employed by various 3 entities, whether it's recovery housing 4 providers, treatment providers, so on and so 5 forth, the courts. But there's no, like, one 6 central group. So we do not collect any data 7 specifically just as Summit County peer 8 support. 9 As far as looking at the recovery 10 housing, some of the outcomes we do measure is 11 looking at sobriety time and things of that 12 nature. 13 Q. Do you look at, with respect to 14 recovery housing, whether -- whether there is 15 any repeated need by any one individual? 16 A. So we have had some individuals 17 that will maybe relapse while they are in the 18 program and will maybe go to detox services and 19 then get back on track and go into the housing 20 program, so we will work with the providers to 21 allow them to take that client back in. 22 Q. Oriana House was involved in the 23 recovery housing program until the end of 2017? 24 Is that what you said? 25 A. October 28th was their last day of</p>

<p style="text-align: right;">Page 154</p> <p>1 involvement.</p> <p>2 Q. Okay. What is Oriana House?</p> <p>3 A. They're an addiction treatment</p> <p>4 provider within our county, who work largely</p> <p>5 with the criminal justice system.</p> <p>6 Q. What is ADM's role with respect to</p> <p>7 Oriana House?</p> <p>8 A. We are a funder of some of their</p> <p>9 services.</p> <p>10 Q. It's a separate entity, though,</p> <p>11 right? Oriana House is a separate entity from</p> <p>12 the ADM Board?</p> <p>13 A. Correct.</p> <p>14 Q. ADM Board funds some services for</p> <p>15 Oriana House?</p> <p>16 A. Correct.</p> <p>17 Q. And we discussed those services</p> <p>18 earlier?</p> <p>19 A. Yeah. As I mentioned off the top</p> <p>20 of my head, I can only come up with those</p> <p>21 couple, but I know they have more services in</p> <p>22 their contract. I just don't know it offhand.</p> <p>23 Q. Does the ADM Board have one</p> <p>24 contract with the -- with Oriana House?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 156</p> <p>1 fiscal calendar at this point.</p> <p>2 Q. Do you know why that change was</p> <p>3 made?</p> <p>4 A. OhioMHAS is on that fiscal</p> <p>5 schedule, July 1 to June 30th, so it makes</p> <p>6 things simpler as far as their reporting</p> <p>7 guidelines and our reporting guidelines. That</p> <p>8 way they line up.</p> <p>9 Q. So for programs where ADM is</p> <p>10 providing some funding and -- and OHMAS is</p> <p>11 providing some funding, that allows that, the</p> <p>12 funding calendar to be the same, essentially,</p> <p>13 if you're both on the same fiscal year?</p> <p>14 A. Uh-huh.</p> <p>15 Q. Is that your understanding?</p> <p>16 A. Uh-huh.</p> <p>17 Q. You need to say yes or no.</p> <p>18 A. Yes.</p> <p>19 Q. Thanks.</p> <p>20 When the ADM Board first considered</p> <p>21 implementing Quick Response Teams, did you</p> <p>22 prepare an ex- -- like a summary of the Quick</p> <p>23 Response Team and -- and what the -- the goals</p> <p>24 and the plans were for that?</p> <p>25 A. Possibly. I don't remember. You</p>
<p style="text-align: right;">Page 155</p> <p>1 Q. Is -- do you know whether that's an</p> <p>2 annual contract with Oriana House?</p> <p>3 A. Yes. It's my understanding all of</p> <p>4 our contracts are annual. I know some were</p> <p>5 18-month contracts when we transitioned from a</p> <p>6 calendar year to a fiscal year calendar.</p> <p>7 Q. Did that occur while you were with</p> <p>8 the board?</p> <p>9 A. Yes.</p> <p>10 Q. When did that occur?</p> <p>11 A. I think it's just finishing up,</p> <p>12 like, the process of them all getting onto the</p> <p>13 fiscal year calendar, so.</p> <p>14 Q. What is the fiscal year?</p> <p>15 A. July 1 to June 30th.</p> <p>16 Q. So before recently, was the ADM</p> <p>17 Board on a calendar year for financial</p> <p>18 reporting services or purposes?</p> <p>19 A. Correct.</p> <p>20 Q. Okay. And until this transition,</p> <p>21 2018 to 2019, is when the transition to fiscal</p> <p>22 year occurred?</p> <p>23 A. Some agencies went sooner,</p> <p>24 depending on what the agencies were. So -- but</p> <p>25 for the most part, I think they are all on the</p>	<p style="text-align: right;">Page 157</p> <p>1 know, we did send a lot of e-mails out to,</p> <p>2 like, as I mentioned, we were reaching out to</p> <p>3 mayors and police chiefs and fire chiefs, so I</p> <p>4 may.</p> <p>5 - - - - -</p> <p>6 (Thereupon, Deposition Exhibit 3,</p> <p>7 Document Titled "Objectives and</p> <p>8 Brief Bio for Quick Response Teams</p> <p>9 in Summit County," SUMMIT_000945488,</p> <p>10 was marked for purposes of</p> <p>11 identification.)</p> <p>12 - - - - -</p> <p>13 Q. I'm going to hand you what we've</p> <p>14 marked as Exhibit 3 --</p> <p>15 A. Okay.</p> <p>16 Q. -- for identification purposes. If</p> <p>17 you could please take a look at that and let me</p> <p>18 know whether you recognize that document.</p> <p>19 MS. FEINSTEIN: While you're</p> <p>20 reviewing it, I'll just note for the record it</p> <p>21 is SUMMIT_000945488.</p> <p>22 A. Okay.</p> <p>23 Q. Do you recognize that document?</p> <p>24 A. Yes.</p> <p>25 Q. Do you --</p>

<p style="text-align: right;">Page 158</p> <p>1 A. So this was from when we did a call 2 for presentation in 2017 for the OACBHA opiate 3 conference. When I co-presented with the two 4 Oriana counselors and Cuyahoga Falls police 5 officer, this was what we had to submit to be 6 considered as a presenter. 7 Q. So this was not a submission to a 8 county; this was your submission to OACBHA to 9 talk about the Quick Response Teams? 10 A. Yes. So it was basically our 11 proposal of what we would present about. 12 Q. Did you prepare Exhibit 3? 13 A. I did not. I did provide some 14 edits to it. Primarily the two counselors from 15 Oriana House compiled it. 16 Q. And I forget what year that 17 presentation was. Was it 2017? 18 A. Correct. June of 2017. 19 Q. So this was not prepared by you, 20 Exhibit 3? 21 A. Not completely. Like I said, I did 22 make some edits to it before it was submitted. 23 Q. There are a couple of stats, 24 statistics reported for the Colerain 25 Township --</p>	<p style="text-align: right;">Page 160</p> <p>1 Q. -- is that right? 2 A. Yes. 3 Q. So because those numbers were 4 provided to you from the first responders, you 5 took them to be valid numbers from those first 6 responders; is that right? 7 A. Yes. 8 Q. The next sentence reads, 9 "Additionally, approximately 80 percent of the 10 individuals the team spoke with entered into 11 some form of treatment program." 12 Did I read that correctly? 13 A. Yes. 14 Q. And was that -- that was your 15 understanding, based on presentations from 16 Colerain Township to Summit County, correct? 17 A. Correct. 18 Q. Since implementing the program, has 19 Summit County seen -- seen similar successes? 20 A. So in our 2017 report, we did 21 report 330 individuals entered into some form 22 of treatment after being seen by the Quick 23 Response Teams. I think that percentage, it 24 was roughly between -- around 38 percent. I 25 don't have the exact number off the top of my</p>
<p style="text-align: right;">Page 159</p> <p>1 A. Yes. 2 Q. -- program, the QRT program that 3 you mentioned the Summit County program was 4 based on. And looking at the, kind of the 5 first full paragraph under the numbered 6 paragraphs near the top of the document, the 7 second sentence reads, "The QRT is modeled 8 after Colerain Township, where it saw a 35 9 percent decline in the number of emergency 10 response calls for first responders since 11 implementing the program approximately 18 12 months ago." 13 Did I read that correctly? 14 A. Yes. 15 Q. Did -- did Summit County do 16 anything to confirm the -- the numbers provided 17 by Colerain Township for purposes of the Quick 18 Response Team? 19 A. To my knowledge, we took the 20 numbers that were presented by their police and 21 fire and -- and took those numbers that they 22 presented to us in December. 23 Q. And assumed that they were true 24 based on the source of the information -- 25 A. Yes.</p>	<p style="text-align: right;">Page 161</p> <p>1 head. 2 One thing we do also take into 3 account is these are individuals that we are 4 tracking solely through our ADM billing system. 5 Another factor is, in Colerain 6 Township, their program was structured a little 7 differently. They took individuals and would 8 physically take them and transport them to a 9 residential provider, so to speak. They did 10 assessments on site, is also my understanding, 11 with their program there. 12 So our program is slightly 13 different, but in the numbers that we saw, in 14 our eyes, of implementing this program, to if 15 we could engage just a small number of 16 individuals into treatment that may not have 17 engaged into treatment and prevent just one 18 death, we thought that was a success as well. 19 So we -- we're happy with the 20 results we saw in the first year, and we, at 21 our quarterly meetings, are continuing to 22 discuss how we can improve the program as a 23 whole. 24 Q. I'm going to show you just a couple 25 of documents --</p>



<p style="text-align: right;">Page 162</p> <p>1 A. Okay.</p> <p>2 Q. -- to see if these are some of the</p> <p>3 things that you have utilized as a part of kind</p> <p>4 of evaluating the performance of the Quick</p> <p>5 Response program.</p> <p>6 - - - - -</p> <p>7 (Thereupon, Deposition Exhibit 4,</p> <p>8 Document Titled "Summit County Quick</p> <p>9 Response Team Quarterly (Q2)</p> <p>10 Meeting, September 21, 2017,"</p> <p>11 SUMMIT_000960323, was marked for</p> <p>12 purposes of identification.)</p> <p>13 - - - - -</p> <p>14 Q. First I'll hand you what we've</p> <p>15 marked as Exhibit 4 for identification</p> <p>16 purposes. It has a cover sheet because the</p> <p>17 document was produced to us in native format,</p> <p>18 meaning it was a -- this particular document is</p> <p>19 a PowerPoint that was produced in native. And</p> <p>20 the Bates number on the native is</p> <p>21 SUMMIT_000960323.</p> <p>22 Have you seen this document before?</p> <p>23 A. Yes.</p> <p>24 Q. And what is Exhibit 4?</p> <p>25 A. This is a PowerPoint presentation</p>	<p style="text-align: right;">Page 164</p> <p>1 Q. So the -- the second page of the</p> <p>2 PowerPoint that has the months in 2017 that</p> <p>3 various communities joined the Quick Response</p> <p>4 Team --</p> <p>5 A. Correct.</p> <p>6 Q. -- that's the slide that you had</p> <p>7 input in?</p> <p>8 A. Correct.</p> <p>9 Q. Did you observe as Mr. Hutzell</p> <p>10 presented this information at the quarterly</p> <p>11 meeting?</p> <p>12 A. Yes.</p> <p>13 Q. There is a page -- gosh -- it's two</p> <p>14 sheets in, so I believe the fifth page of the</p> <p>15 presentation. It says, "Treatment Results" at</p> <p>16 the top.</p> <p>17 A. Yes.</p> <p>18 Q. Do these treatment results</p> <p>19 represent both quarters, the first and second</p> <p>20 quarter of the QRT, or is this just Q2</p> <p>21 reporting?</p> <p>22 A. Just quarterly two.</p> <p>23 Q. Okay. So this is just second</p> <p>24 quarter treatment results?</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 163</p> <p>1 Eric Hutzell created to present at one of our</p> <p>2 quarterly QRT meetings, so it looks like it was</p> <p>3 our second meeting since implementing the</p> <p>4 program.</p> <p>5 Q. And you get that from the first</p> <p>6 page -- so unfortunately the pages of the</p> <p>7 PowerPoint aren't numbered, but I -- this copy</p> <p>8 is double sided, so it's the second sheet of</p> <p>9 paper, and the title page of the PowerPoint, it</p> <p>10 reads, "Summit County Quick Response Team</p> <p>11 Quarterly (Q2) meeting."</p> <p>12 Is that correct?</p> <p>13 A. Uh-huh.</p> <p>14 Q. Yes?</p> <p>15 A. Yes.</p> <p>16 Q. And the date of that meeting is</p> <p>17 September 21, 2017, correct?</p> <p>18 A. Correct.</p> <p>19 Q. This is the PowerPoint that</p> <p>20 Mr. Hutzell put together?</p> <p>21 A. Correct.</p> <p>22 Q. Did you have any input into the</p> <p>23 creation of this PowerPoint?</p> <p>24 A. I would say other than the page of</p> <p>25 the start times of the teams, no.</p>	<p style="text-align: right;">Page 165</p> <p>1 Q. This slide indicates that 30</p> <p>2 percent of the clients entered treatment,</p> <p>3 correct?</p> <p>4 A. Yes.</p> <p>5 Q. And by your earlier testimony, it's</p> <p>6 my understanding that the 30 percent number</p> <p>7 represents clients who enter ADM-funded</p> <p>8 treatment; is that correct?</p> <p>9 A. Correct. And it's also based on</p> <p>10 when the provider bills us, so if they're</p> <p>11 delayed in billing us, we don't have access to</p> <p>12 that information, which -- so we do not only</p> <p>13 look at the immediate. We also, we're looking</p> <p>14 farther down, if they would have started to</p> <p>15 bill us later.</p> <p>16 Q. The second sub-bullet under the --</p> <p>17 the bullet regarding 30 percent of clients</p> <p>18 entering treatment references, "43 percent of</p> <p>19 the clients who received treatment called the</p> <p>20 ADM Helpline."</p> <p>21 Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. Does the ADM Board track and</p> <p>24 consider a contact to the ADM Helpline as</p> <p>25 seeking treatment?</p>



<p style="text-align: right;">Page 166</p> <p>1 A. If an individual calls the ADM 2 Addiction Helpline and schedules an assessment. 3 So that 43 percent of the clients who receive 4 treatment called the Addiction Helpline, so 5 they went through the ADM Addiction Helpline to 6 schedule an appointment for an assessment and 7 showed up. 8 Q. So they didn't just call the 9 helpline. They actually called the helpline to 10 schedule an appointment? 11 A. Correct. 12 Q. Okay. Did -- is the ADM Helpline 13 sometimes utilized by people just to call to 14 kind of talk through support, sort of like a 15 support line as well? 16 A. No. 17 Q. It's a referral line? 18 A. Yes. They do track if a person's 19 not eligible for services. So if an individual 20 is calling for support or for, like, 12-step 21 information, if they do have the capability, 22 they will provide that information, but that's 23 not a purpose of the ADM Addiction Helpline. 24 The primary purpose is for 25 individuals to call that one number and be able</p>	<p style="text-align: right;">Page 168</p> <p>1 self-report of the client when they schedule 2 their assessment. 3 Q. The next box reads, "The total 4 jumps to 55 clients from 22 clients when 5 comparing the helpline data to the QRT data." 6 A. Uh-huh. 7 Q. What do you understand that to 8 mean? 9 A. That if you're looking at the 10 individuals in general calling the helpline, 11 but through QRT, saying -- so I mentioned 12 earlier when an individual calls, they ask 13 referral source, so it's either a 14 self-referral, treatment provider, their 15 probation officer. 16 If they're with a Quick Response 17 Team, we've really tried to encourage the QRT 18 staff to say -- have them say QRT so that we 19 can track that effectively. But ultimately 20 it's up to the clients, if they say they were 21 calling through QRT. 22 So it is, from what I'm looking at 23 it, it's showing that individuals working with 24 the QRT, the number jumps to 55 clients. 25 Q. Is that 55 clients who also had a</p>
<p style="text-align: right;">Page 167</p> <p>1 to get scheduled for the services they're 2 requesting. And depending on what provider, 3 since there's multiple providers. 4 Q. Turning now to the -- the next 5 page. At the very top, it reads, "ADM Helpline 6 results." Do you see that? 7 A. Yes. 8 Q. This chart, did you have any role 9 in preparing this chart? 10 A. No. 11 Q. Underneath the chart are some 12 statistics. So the -- in boxes. There are two 13 boxes. The top box reads, "50 percent (22) of 14 the QRT clients referred to the ADM Helpline 15 had a mental health illness." 16 Did I read that correctly? 17 A. Yes. 18 Q. What do you understand that to 19 mean? 20 A. So when an individual calls in to 21 schedule an appointment, the staff at the 22 helpline will ask a series of questions. Takes 23 about five minutes. And they will ask them if 24 they have any mental health diagnoses or other 25 co-occurring diagnoses, so that was based on</p>	<p style="text-align: right;">Page 169</p> <p>1 mental health illness or 55 clients who called 2 the helpline through QRT? 3 A. Of -- with mental illness. 4 Q. Okay. 5 A. Mental health illness. 6 Q. Okay. Thank you. 7 A. Uh-huh. 8 Q. The next page has a graphic 9 regarding ADM Helpline results. Do you see 10 that? 11 A. Yes. 12 Q. Did you have any role in preparing 13 this page? 14 A. No. All this was compiled with 15 Eric -- with our ADM Addiction Helpline and 16 their system. We're able to pull all of this 17 information out from their system. 18 Q. And do you have any understanding 19 of what this page depicts? 20 A. It depicts for when the individual 21 calls in to schedule their assessment, what 22 substances they're reporting as using. And 23 this is the period January 2017 to July 2017. 24 Q. And, again, this is self-reported 25 information, correct?</p>

<p style="text-align: right;">Page 170</p> <p>1 A. Correct.</p> <p>2 Q. This chart includes reporting -- of</p> <p>3 the callers, 26 reported use of heroin, right?</p> <p>4 A. Correct.</p> <p>5 Q. Seven reported use of fentanyl?</p> <p>6 A. Correct.</p> <p>7 Q. Do you know whether that is</p> <p>8 prescription fentanyl or illicit fentanyl?</p> <p>9 A. I do not know.</p> <p>10 Q. Would it -- would you expect it to</p> <p>11 indicate if it was a prescription opioid?</p> <p>12 MS. KEARSE: Objection.</p> <p>13 A. If you look down, it says</p> <p>14 "prescription opiates." So if a person was</p> <p>15 prescribed the -- it would be their self-report</p> <p>16 of how they perceive it, and if they knowingly</p> <p>17 were taking fentanyl or not.</p> <p>18 Q. Okay. So if they -- if a -- strike</p> <p>19 that.</p> <p>20 So the ADM Helpline is only going</p> <p>21 on the self-report; it doesn't do anything to</p> <p>22 verify the report; is that right?</p> <p>23 A. That's my understanding.</p> <p>24 Q. And this -- this report from the</p> <p>25 ADM Helpline results that was presented at the</p>	<p style="text-align: right;">Page 172</p> <p>1 of what that category includes?</p> <p>2 A. I do not know. I think that's</p> <p>3 where they would fall if it was not prescribed</p> <p>4 to them, but they were using it.</p> <p>5 Q. So you take that to mean</p> <p>6 potentially a prescription opioid, but that it</p> <p>7 was not prescribed to them?</p> <p>8 A. Correct.</p> <p>9 Q. But you don't know for -- for sure</p> <p>10 if that's prescription?</p> <p>11 A. I do not.</p> <p>12 Q. Do the ADM Helpline, how are the</p> <p>13 records kept by the ADM Helpline workers? Are</p> <p>14 they kept electronically, or is it in paper?</p> <p>15 A. Correct.</p> <p>16 Q. Electronic?</p> <p>17 A. Electronic --</p> <p>18 Q. What system --</p> <p>19 A. -- health record.</p> <p>20 Q. What system do they put it into?</p> <p>21 A. I don't know.</p> <p>22 Q. Do you have access to it?</p> <p>23 A. We do have a password. I do not</p> <p>24 specifically have the password access to it.</p> <p>25 Jerry Craig does have access to the data</p>
<p style="text-align: right;">Page 171</p> <p>1 September 21, 2017, QRT quarterly meeting</p> <p>2 indicates that 26 per- -- 26 callers reported a</p> <p>3 use of heroin, seven reported a use of</p> <p>4 fentanyl, six reported a use of alcohol, right?</p> <p>5 A. Uh-huh, yes.</p> <p>6 Q. Five reported a use of</p> <p>7 methamphetamines; is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Five reported prescription opiates?</p> <p>10 A. Yes.</p> <p>11 Q. Four reported other drugs, unknown.</p> <p>12 What -- what does that mean?</p> <p>13 A. So if the individual was using</p> <p>14 other prescriptions. So if it</p> <p>15 was benzodiazepines or other sedatives. Or</p> <p>16 there have been instances where, "I took a</p> <p>17 pill. I don't know what it was."</p> <p>18 Q. Understood. Okay. The next one is</p> <p>19 cannabis. Two callers reported that, right?</p> <p>20 A. Yes.</p> <p>21 Q. Two callers reported use of</p> <p>22 cocaine, right?</p> <p>23 A. Yes.</p> <p>24 Q. And then two callers reported other</p> <p>25 opioids/opiates. Do you have any understanding</p>	<p style="text-align: right;">Page 173</p> <p>1 system.</p> <p>2 Q. This report -- strike that.</p> <p>3 Do you know why Mr. Hutzell's</p> <p>4 report to the quarterly QRT meeting includes</p> <p>5 ADM Helpline information?</p> <p>6 A. So the ADM Helpline was launched</p> <p>7 January 17th of 2017. The first Quick Response</p> <p>8 Team was launched January 17th, 2017. So when</p> <p>9 we launched the Quick Response Teams, the idea</p> <p>10 was we're not going to assess them on site, but</p> <p>11 we're going to connect them with the Addiction</p> <p>12 Helpline and sit with them while they schedule</p> <p>13 an assessment appointment, as a warm handoff.</p> <p>14 And that assessment date was -- is also what --</p> <p>15 reported -- one of the items reported in the</p> <p>16 monthly data that's submitted to me.</p> <p>17 Q. How is the ADM Helpline funded?</p> <p>18 A. Through the ADM Board.</p> <p>19 Specifically, I don't know.</p> <p>20 Q. Does the ADM Helpline provide</p> <p>21 referrals for mental health services?</p> <p>22 A. No.</p> <p>23 Q. Just addiction services?</p> <p>24 A. Yes.</p> <p>25 Q. Does the ADM Helpline provide</p>

<p style="text-align: right;">Page 174</p> <p>1 referrals for addiction to all substances?</p> <p>2 A. Yes.</p> <p>3 Q. Directing your attention now to --</p> <p>4 I wish they were numbered -- a few more pages</p> <p>5 in, to Exhibit 4. It is a slide that has,</p> <p>6 "Drug overdose death results," at the top,</p> <p>7 "Taking a deeper look."</p> <p>8 A. Okay.</p> <p>9 Q. So there are actually two them.</p> <p>10 I'm on the slide that has one main bullet and</p> <p>11 two sub-bullets. It says, "Suspected drug</p> <p>12 overdose death data."</p> <p>13 A. Okay.</p> <p>14 Q. Are you there?</p> <p>15 A. Yep.</p> <p>16 Q. Did you have any role in preparing</p> <p>17 this slide?</p> <p>18 A. No.</p> <p>19 Q. Do you have any understanding of</p> <p>20 what this slide presents?</p> <p>21 A. Looking at how many fatal overdoses</p> <p>22 were reported from the medical examiner's</p> <p>23 office.</p> <p>24 Q. Does the ADM Board regularly review</p> <p>25 medical examiner data?</p>	<p style="text-align: right;">Page 176</p> <p>1 A. Six deaths were QRT. 134, yes,</p> <p>2 were non-QRT.</p> <p>3 Q. For a -- for a total of 140 deaths</p> <p>4 that were reported, right?</p> <p>5 A. Correct.</p> <p>6 Q. Were you present when Mr. Hutzell</p> <p>7 presented this information?</p> <p>8 A. Yes.</p> <p>9 Q. And is that -- was that</p> <p>10 representing something that was -- strike that.</p> <p>11 Did -- was this presented as being</p> <p>12 indicative of the QRT program making a</p> <p>13 difference in overdoses?</p> <p>14 A. I would say yes, because we were</p> <p>15 providing that outreach and attempting to</p> <p>16 engage clients into services and helping them</p> <p>17 navigate the system.</p> <p>18 Q. And if you look to the next slide</p> <p>19 with -- with text, there's a bell curve graph,</p> <p>20 and then a slide with additional bullets.</p> <p>21 A. Uh-huh.</p> <p>22 Q. That says, "multiple linear</p> <p>23 regression."</p> <p>24 A. Okay.</p> <p>25 Q. Do you have any idea what multiple</p>
<p style="text-align: right;">Page 175</p> <p>1 A. While Eric was employed with the</p> <p>2 ADM Board, he did have access with them, and he</p> <p>3 worked with the medical examiner's office. We</p> <p>4 do get e-mails -- well, Doug -- Dr. Smith does</p> <p>5 get an e-mail daily, as well, from the medical</p> <p>6 examiner.</p> <p>7 Q. Do you utilize medical examiner</p> <p>8 data in your day-to-day work?</p> <p>9 A. No.</p> <p>10 Q. Is it important -- is the medical</p> <p>11 examiner data an important piece of evaluating</p> <p>12 the effectiveness of the QRT program?</p> <p>13 A. I think, when looking at the number</p> <p>14 of individuals that were fatal overdoses and</p> <p>15 looking at the number of how many individuals</p> <p>16 were seen by QRT, the stakeholders with the QRT</p> <p>17 teams are interested in that information.</p> <p>18 Q. Those stakeholders are the</p> <p>19 counselors, the -- and the first responders; is</p> <p>20 that right?</p> <p>21 A. The police and fire chiefs of the</p> <p>22 county, the cities.</p> <p>23 Q. This slide shows a total of 140</p> <p>24 deaths. Six were QRT clients, and 134 were</p> <p>25 non-QRT clients; is that right?</p>	<p style="text-align: right;">Page 177</p> <p>1 linear regression is?</p> <p>2 A. No.</p> <p>3 Q. That's an Eric Hutzell slide, isn't</p> <p>4 it?</p> <p>5 A. Yeah. And -- and many people in</p> <p>6 the room had blank looks when he was presenting</p> <p>7 this presentation, so future presentations got</p> <p>8 much more brief.</p> <p>9 Q. The last bullet on that page</p> <p>10 concludes, "This means that QRT visits have a</p> <p>11 significant impact on preventing drug overdose</p> <p>12 deaths amongst visited clients who have entered</p> <p>13 treatment."</p> <p>14 Did I read that correctly?</p> <p>15 A. Yes.</p> <p>16 Q. Is that your understanding of what</p> <p>17 the data showed for the first two quarters of</p> <p>18 the QRT program?</p> <p>19 A. Yes.</p> <p>20 Q. Then if I could direct your</p> <p>21 attention now to two slides later, titled, "The</p> <p>22 most important statistic." Are you there?</p> <p>23 A. Uh-huh.</p> <p>24 Q. Did you have any role in preparing</p> <p>25 this slide?</p>

<p style="text-align: right;">Page 178</p> <p>1 A. No.</p> <p>2 Q. This slide reads, "The most</p> <p>3 important statistic," and the bullet is, "Zero</p> <p>4 QRT clients that entered treatment died from a</p> <p>5 drug overdose during this time period."</p> <p>6 Is that correct?</p> <p>7 A. Correct.</p> <p>8 Q. Do you have any understanding of --</p> <p>9 of what percentage of QRT clients during the</p> <p>10 second quarter of 2017 were opioid-related</p> <p>11 versus other substances?</p> <p>12 A. I don't know offhand.</p> <p>13 Q. Back on -- and I'm sorry to flip</p> <p>14 back, but the ADM Helpline, results reads that,</p> <p>15 "80 percent of the QRT referrals were clients</p> <p>16 who had used some form of opiate."</p> <p>17 Does that help refresh your</p> <p>18 recollection of how many QRT clients had</p> <p>19 opiate-related issues as opposed to other</p> <p>20 substances, overdose?</p> <p>21 A. I don't know the specific number,</p> <p>22 no.</p> <p>23 Q. But it's your -- it's certainly</p> <p>24 your understanding that the QRT program is</p> <p>25 making a positive difference with respect to</p>	<p style="text-align: right;">Page 180</p> <p>1 separate or not. I never looked at the data</p> <p>2 specifically myself to know whether or not.</p> <p>3 Q. Does ADM have an interest in</p> <p>4 identifying whether the opioid involved in an</p> <p>5 opioid-related overdose is a prescription</p> <p>6 opioid versus an illicit opioid?</p> <p>7 MS. KEARSE: Object to form.</p> <p>8 A. Can you clarify that?</p> <p>9 Q. Sure. Does the -- does the ADM</p> <p>10 Board, for purposes of tracking and evaluating</p> <p>11 the QRT program, have any interest in</p> <p>12 differentiating among the opioids involved to</p> <p>13 identify that number of prescription opioids</p> <p>14 versus illicit opioids?</p> <p>15 A. So at this time, we're not</p> <p>16 differentiating in our tracking. In looking at</p> <p>17 our outcomes, we're not differentiating versus</p> <p>18 prescribed versus illicit.</p> <p>19 Q. At any time has the board</p> <p>20 differentiated?</p> <p>21 A. I don't know.</p> <p>22 Q. For purposes of the QRT program?</p> <p>23 A. Not that I'm aware of.</p> <p>24 Q. For purposes of the ADM Helpline,</p> <p>25 that information appears to be elicited from</p>
<p style="text-align: right;">Page 179</p> <p>1 overdose deaths; is that right?</p> <p>2 A. Yes.</p> <p>3 Q. And Colerain Township had</p> <p>4 experienced a similar -- similar success with</p> <p>5 its program in preventing overdose deaths,</p> <p>6 right?</p> <p>7 A. Yes.</p> <p>8 Q. Do you track the QRT program to</p> <p>9 determine whether there is actually a reduction</p> <p>10 in substance abuse due to the QRT program?</p> <p>11 A. So right now they're -- we're not</p> <p>12 tracking that specifically. And some items</p> <p>13 aren't always necessarily trackable. Some of</p> <p>14 the discussions we've had in our quarterly</p> <p>15 meetings is just the perception maybe first</p> <p>16 responders have of individuals that are also</p> <p>17 using substances and engaging them in providing</p> <p>18 them resources. So to see a positive impact on</p> <p>19 that as well has also been beneficial with us.</p> <p>20 Q. Do you know whether the overdose</p> <p>21 death data that ADM evaluated from the medical</p> <p>22 examiner differentiated among the opioids to</p> <p>23 identify prescription opioids versus illicit</p> <p>24 opioids?</p> <p>25 A. I don't -- I don't know if it does</p>	<p style="text-align: right;">Page 181</p> <p>1 the callers?</p> <p>2 A. Correct.</p> <p>3 Q. Why is that information elicited</p> <p>4 from the callers at the ADM Helpline level?</p> <p>5 A. So when the person calls in, they</p> <p>6 ask the substances, because specifically if a</p> <p>7 client's calling in wanting methadone, for</p> <p>8 example, only one provider in Summit County</p> <p>9 offers methadone through the helpline. So</p> <p>10 that's going to immediately direct the person</p> <p>11 working with them to do the warm handoff.</p> <p>12 They're going to offer CHC as the option, as</p> <p>13 that's the only provider that offers that</p> <p>14 service.</p> <p>15 When they're talking about the</p> <p>16 substances used, that is some of the basic</p> <p>17 information that the ASCA staff will take. And</p> <p>18 they also then do a three-way call with the</p> <p>19 provider that the client chooses to schedule an</p> <p>20 assessment with.</p> <p>21 So they will connect -- so for</p> <p>22 example, say a person will choose to schedule</p> <p>23 with CHC. The ASCA staff member will call CHC,</p> <p>24 get them on the phone while the person is on</p> <p>25 hold, give a basic overview of this persons's</p>

<p style="text-align: right;">Page 182</p> <p>1 use, and then they will connect them in a 2 three-way call. And then the ASCA staff member 3 stays on the phone until an appointment is 4 given, and that's when the ASCA staff member 5 will separate from the call, and they can 6 continue any ongoing information that they may 7 need to get before coming in for that 8 appointment. 9 Q. Are all of the ADM calls handled by 10 ASCA staff members? 11 A. For the helpline, yes. 12 Q. So all the ADM -- the ADM Helpline 13 is staffed by ASCA staff members? 14 A. Correct. 15 Q. Who pays for the ASCA staff 16 members? 17 A. Well, ASCA -- their paychecks 18 directly come from ASCA, but ASCA does have a 19 contract with the ADM Board. 20 Q. Do you know whether the referral 21 process is different, and just referring -- I'm 22 just asking about the process itself -- is 23 different if the caller identifies that they 24 are using a prescription opioid versus an 25 illicit opioid?</p>	<p style="text-align: right;">Page 184</p> <p>1 Summit County Opiate Task Force meeting. 2 Q. Did you have any involvement in 3 preparing Exhibit 5? 4 A. Other than proofreading it after he 5 compiled it, no. 6 Q. I'd like to direct your attention 7 to the second page of Exhibit 5, which ends in 8 Bates number 051. There are some -- in the 9 bottom left-hand corner of the second page is a 10 quick fact sheet for QRT (2017). 11 Do you see that? 12 A. Yes. 13 Q. Did you have any role in gathering 14 that data? 15 A. No. Eric Hutzell compiled it. 16 Q. Do you know whether -- strike that. 17 Did you do anything to verify this 18 data? 19 A. No. With Eric, I trusted that he 20 did the background information and ensured it 21 was accurate. 22 Q. Are you familiar with these quick 23 facts, these three bullets that are set forth 24 on the second page of Exhibit 5? 25 A. Yes.</p>
<p style="text-align: right;">Page 183</p> <p>1 A. Not to my knowledge. 2 Q. Do you have any information about 3 why it would be important for the staff member 4 taking the call to have an understanding of 5 whether the user was using a prescription 6 opioid versus an illicit opioid? 7 A. I don't know. 8 - - - - - 9 (Thereupon, Deposition Exhibit 5, 10 ADM Board Document Titled "Summit 11 County Quick Response Team," 12 SUMMIT_001793050 to 001793051, was 13 marked for purposes of 14 identification.) 15 - - - - - 16 Q. Next I'm going to hand you what we 17 have marked as Exhibit 5 for identification 18 purposes, and I apologize that it is not 19 stapled. It is a two-page document bearing 20 Bates numbers SUMMIT_001793050 through 051. 21 Do you recognize this document? 22 A. Yes. This was the 2017 annual 23 report that Eric Hutzell compiled. 24 Q. For the Quick Response Team? 25 A. Yes, we also handed it out at our</p>	<p style="text-align: right;">Page 185</p> <p>1 Q. The first one reads that, "Of the 2 330 clients who received treatment, 72 percent 3 (236) of them were seen for opiate use 4 disorders." 5 Is that right? 6 A. Yes. 7 Q. So do you have any understanding of 8 what the other 28 percentage of clients with 9 QRT were seen for? 10 A. No, I don't. 11 Q. The third bullet reads, "90 percent 12 of the clients that entered treatment received 13 assessments through the ADM Helpline." 14 Is that right? 15 A. Yes. 16 Q. What do you understand that to 17 mean? 18 A. So 90 percent of the clients that 19 entered into treatment that were seen through 20 QRT scheduled assessments through the ADM 21 Helpline. 22 Q. Was that a good number? Was that 23 something that -- that you were hoping to see 24 after the first year of the program? 25 A. Yes, because our overall goal was</p>



<p style="text-align: right;">Page 186</p> <p>1 for the teams to work with the ADM Helpline,  2 because we were able to get clients in to be  3 seen sooner.  4 Q. Does the ADM Helpline only refer  5 clients to ADM services?  6 A. We do have two providers that are  7 part of the helpline now that are not  8 ADM-funded.  9 Q. In 2017, were there any  10 non-ADM-funded entities that could be referred  11 to through the ADM Helpline?  12 A. I don't know, because I -- it was  13 not my primary responsibility for the helpline,  14 so I'm not sure when some of the providers came  15 on board.  16 Q. Directing your attention to the --  17 the first page of Exhibit 5, there is a chart  18 at the bottom right-hand corner.  19 A. Uh-huh.  20 Q. It reads, "The top five substances  21 reported from the ADM Helpline in 2017."  22 Do you see that?  23 A. Yes.  24 Q. And none of those top five are  25 prescription opioids, correct?</p>	<p style="text-align: right;">Page 188</p> <p>1 it continues to 754.  2 If you could take a moment to flip  3 through this e-mail string and let me know  4 whether you've seen this before.  5 A. Martha is from Wheeling, West  6 Virginia. They received a grant, and they were  7 looking to implement Quick Response Teams, and  8 so they reached out to us.  9 Q. And you -- you provided her some  10 information?  11 A. Yes.  12 Q. Did you meet with her to give her  13 information or just talk with her on the phone?  14 A. It was a phone conference.  15 Q. Directing your attention, please,  16 to the third page of the document with Bates  17 pages 751 in the bottom right-hand corner.  18 It's double sided, so it's the -- the e-mail  19 from you at the -- is at the bottom of the  20 page, dated Friday May 18, 2018.  21 A. Uh-huh.  22 Q. Do you see that?  23 A. Yes.  24 Q. And in your e-mail, you write,  25 "Attached or some documents we have created for</p>
<p style="text-align: right;">Page 187</p> <p>1 A. Correct.  2 Q. In the -- the QRT program continued  3 in 2018, correct?  4 A. Correct.  5 Q. Do you know someone named Martha  6 Polinsky?  7 A. Off the top of my head, no.  8 Possibly.  9 Q. Let me mark this e-mail for you and  10 see if it --  11 A. Okay.  12 Q. -- refreshes your recollection.  13 - - - - -  14 (Thereupon, Deposition Exhibit 6,  15 May 2018 E-Mail Chain Re: QRT,  16 SUMMIT_000970749 to 000970754, was  17 marked for purposes of  18 identification.)  19 - - - - -  20 Q. I'm going to hand you what we've  21 marked as Exhibit 6 --  22 A. Okay.  23 Q. -- for identification purposes.  24 Exhibit 6 is an e-mail string that the  25 beginning Bates number is SUMMIT_000970749, and</p>	<p style="text-align: right;">Page 189</p> <p>1 QRT. The Excel document is what we collect  2 monthly from the counselors/peer supporters,  3 and our research and QI coordinator analyzes it  4 for us."  5 Did I read that correctly?  6 A. Yes.  7 Q. And that is the monthly reporting  8 that you get that you described to us earlier,  9 correct?  10 A. Yes. That was a blank template we  11 sent her.  12 Q. Okay. Then you offered to speak  13 with her about how to gather and then analyze  14 the information, correct?  15 A. Correct.  16 Q. Do you know whether Mr. Hutzell  17 spoke with her at all about how to analyze the  18 information?  19 A. I don't know if they had specific  20 conversations or not.  21 Q. Continuing now to -- moving forward  22 kind of in the e-mail string, so the next page  23 moving forward, there's an e-mail from  24 Ms. Polinsky to you dated May 24, 2018, near  25 the top of the page. Do you see that?</p>

<p style="text-align: right;">Page 190</p> <p>1 A. Yes.</p> <p>2 Q. And she writes, "Thanks again. You</p> <p>3 spoke of a 40 percent success rate in getting</p> <p>4 overdose survives treatment. Is that correct?</p> <p>5 Have you seen a decline in overdoses yet?"</p> <p>6 Do you recall giving her that</p> <p>7 information?</p> <p>8 A. So I do recall. So -- and then</p> <p>9 that was -- at the time we were looking at, it</p> <p>10 ebbed and flowed between 36 and 42 percent</p> <p>11 of -- with the Quick Response Teams, of</p> <p>12 individuals engaging in treatment.</p> <p>13 Q. And you recall giving Ms. Polinsky</p> <p>14 that information?</p> <p>15 A. Yes.</p> <p>16 Q. Did you give her any documents with</p> <p>17 that information on it or verbally report it?</p> <p>18 A. It was verbally over the phone.</p> <p>19 Q. And the next page, which is the</p> <p>20 first page of Exhibit 6, is an e-mail from you,</p> <p>21 in the middle of the page, dated May 25, 2018.</p> <p>22 Do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. You write, "Both deaths and actual</p> <p>25 overdoses have declined this year when compared</p>	<p style="text-align: right;">Page 192</p> <p>1 fearful of dying from the opiate use. And in</p> <p>2 her eyes, she was switching one addiction for</p> <p>3 another. So we did see individuals with that</p> <p>4 mentality of switching their addiction and what</p> <p>5 they were using, because they felt it was less</p> <p>6 lethal.</p> <p>7 We also saw that although the</p> <p>8 number of deaths were decreasing, we also saw</p> <p>9 the number of DAWN kits and naloxone was</p> <p>10 increased in -- and we saw those numbers going</p> <p>11 up. So I do also believe that also contributed</p> <p>12 to the lower death rate.</p> <p>13 Q. So the QRT program contributed to</p> <p>14 lower death rates, you think; is that right?</p> <p>15 A. A portion of it.</p> <p>16 Q. And the use of DAWN kits helped</p> <p>17 contribute to lower death rates; is that right?</p> <p>18 A. I do believe that it helped.</p> <p>19 Q. Do you have any understanding of</p> <p>20 what portion of opioid deaths in 2016, 2017, or</p> <p>21 2018 were attributable to prescription opioids</p> <p>22 versus non-prescription opioids?</p> <p>23 A. I don't know that information</p> <p>24 specifically.</p> <p>25 Q. And it was your impression, in --</p>
<p style="text-align: right;">Page 191</p> <p>1 to the previous year."</p> <p>2 Did I read that correctly?</p> <p>3 A. Yes.</p> <p>4 Q. And was that based on the data from</p> <p>5 both the medical examiner and from the QRT?</p> <p>6 A. I would say it was mostly from the</p> <p>7 medical examiner information that we were</p> <p>8 getting.</p> <p>9 Q. The next sentence reads, "It seems</p> <p>10 cocaine, meth, and other stimulant drugs are</p> <p>11 being used more commonly. These typically have</p> <p>12 a lower mortality and a higher morbidity."</p> <p>13 Did I read that correctly?</p> <p>14 A. Yes.</p> <p>15 Q. Why were you reporting that</p> <p>16 information to her?</p> <p>17 A. Because -- and this does relate</p> <p>18 directly with the Quick Response Teams -- when</p> <p>19 our Quick Response Teams were going out, for</p> <p>20 example, we had one indication where, in our</p> <p>21 Cuyahoga Falls team, they went out to meet with</p> <p>22 a female that had an opioid overdose, and she</p> <p>23 had told the officers, "No, I'm okay. I'm</p> <p>24 going to use meth now." Because, in her eyes,</p> <p>25 she still had that addiction, but she was</p>	<p style="text-align: right;">Page 193</p> <p>1 at least in May of 2018, that, at least</p> <p>2 anecdotally, some users of substances were</p> <p>3 shifting their use from opioids to some other</p> <p>4 substance; is that right?</p> <p>5 A. Or they were using them</p> <p>6 concurrently.</p> <p>7 Q. And we saw in the annual report</p> <p>8 that at least calls to the ADM Helpline did not</p> <p>9 include prescription opioids in the top five</p> <p>10 substances reported, right?</p> <p>11 A. Correct.</p> <p>12 MS. KEARSE: Object to form.</p> <p>13 Q. Do you have any understanding of</p> <p>14 whether there was a decline in the misuse of</p> <p>15 prescription opioids in the 2017-2018 time</p> <p>16 frame?</p> <p>17 A. I don't know.</p> <p>18 Q. Do you know whether the Summit ADM</p> <p>19 Board tracks that information?</p> <p>20 A. I can't -- I don't know if they do</p> <p>21 specifically or not.</p> <p>22 Q. Aside from the ADM Helpline, that</p> <p>23 is; is that right?</p> <p>24 A. Correct, yeah.</p> <p>25 Q. Has the ADM Helpline always</p>

<p style="text-align: right;">Page 194</p> <p>1 requested information regarding whether a 2 caller was using a prescription opioid versus a 3 non-prescription opioid? 4 A. To my knowledge, yes. 5 Q. Is there a script or something that 6 the ADM Helpline staffer is trained to use, if 7 somebody identifies an opioid, do they follow 8 up with questions, then, to determine whether 9 or not it's a prescription versus a 10 non-prescription? 11 A. I was not part of the initial 12 on-boarding and training. I know there were 13 some scripts that were created for the staff as 14 a step-by-step process for a caller, based on 15 what they answer, but I don't know specifically 16 what that protocol was. 17 Q. Do you know if the ADM has those 18 scripts still? 19 A. I know we did create a manual when 20 we on-boarded everyone. 21 Q. Have you ever seen the manual? 22 A. The training manual for providers 23 as they became part of the helpline? I do have 24 a copy of it, yes; however, it's not updated 25 because it was created when we first created</p>	<p style="text-align: right;">Page 196</p> <p>1 A. Yes. 2 Q. Does the ADM Board do any sort of 3 cost outcome analysis to determine whether it 4 will continue to fund any particular program? 5 A. I don't know. What I do know is 6 that when we are evaluating programs, we are 7 now directly pulling in their outcomes as part 8 of their funding. So -- in part of the audit 9 process as well, of looking at the outcomes. 10 Q. Do you have any role in the audit 11 process? 12 A. Yes. 13 Q. What is your role? 14 A. So with the treatment providers, I 15 assist. I am not the primary staff responsible 16 for the treatment provider audits. The care -- 17 the clinical compliance and care management 18 coordinator is that -- that's the role that is 19 primarily responsible for those and will be 20 scheduling those. And the whole clinical team 21 kind of signs up to help with various agencies. 22 And then I am the primary contact for the 23 prevention audits, as well as the recovery 24 housing audits. 25 Q. How many prevention programs are</p>
<p style="text-align: right;">Page 195</p> <p>1 the helpline. 2 Q. Do you know if -- if it had -- if 3 that document -- not your copy, obviously -- 4 but whether the -- the helpline manual was 5 updated at any point? 6 A. That I don't know. I -- I can say, 7 from the time I covered it, from July to 8 November, I did not provide updates to it yet. 9 We do need to update, because we had two new 10 providers come on board. 11 Q. Do you know whether the requests -- 12 strike that. 13 Do you know whether during the ADM 14 Helpline call when the staff member is 15 discussing with the caller whether the caller 16 is using prescription opioids, whether they 17 request information about whether that 18 prescription opioid was prescribed to the 19 caller? 20 A. I don't know how much specifics 21 they get into from the helpline staff 22 themselves. 23 Q. Does the ADM Board track outcomes 24 for all of its programs that you're involved 25 with?</p>	<p style="text-align: right;">Page 197</p> <p>1 there related to opioids? 2 A. We have no programs that are 3 specific opioid-only. 4 Q. Does the ADM Board have to engage 5 in peer reviews of other agencies? 6 A. Of other boards or other treatment 7 providers outside of Summit County? 8 Q. Either. Yeah, either. 9 A. I know my supervisor does 10 participate in doing those peer reviews with 11 other boards. 12 Q. Do you have any understanding of 13 what that program involves? 14 A. No, not specifically. I know when 15 we may get some e-mails or follow-up questions 16 when we're -- because we also are reviewed by 17 other teams, but as far as specifically what's 18 entailed with that, I mean, we may provide some 19 feedback or some information if they're 20 requesting it specifically, but not involved 21 directly with preparing. 22 Q. Have you ever been involved in a 23 peer review process for any other agency 24 outside of Summit County? 25 A. When I worked at Northcoast</p>

<p style="text-align: right;">Page 198</p> <p>1 Behavioral Healthcare, I did fidelity reviews  2 at other state hospitals.  3 Q. Since you've been with the ADM  4 Board, have you engaged in any such peer  5 reviews?  6 A. No.  7 Q. Do you know whether any outside  8 agency has evaluated the ADM Board's services  9 related to opioids?  10 A. I don't know.  11 MS. FEINSTEIN: Why don't we take a  12 short break here.  13 THE VIDEOGRAPHER: Off the record,  14 2:12.  15 (A recess was taken.)  16 THE VIDEOGRAPHER: On the record,  17 2:33.  18 MS. FEINSTEIN: Thank you.  19 BY MS. FEINSTEIN:  20 Q. Ms. Patton, before the break, at  21 least a little bit before the break, we were  22 looking at Exhibit 6, and the last e-mail that  23 we discussed in Exhibit 6 you had written to  24 Ms. Polinsky that it seemed that cocaine, meth,  25 and other stimulants were being used a little</p>	<p style="text-align: right;">Page 200</p> <p>1 of what substances are usually associated with  2 overdoses in Summit County?  3 A. I do not because -- the only  4 information I'm given is, "Was it an overdose?"  5 And then they give us information if it was a  6 suspected overdose.  7 Q. Have you ever seen any reports  8 in -- in the newspaper or anywhere that  9 attribute opioid-related overdoses to any  10 particular opioid?  11 A. I don't recall seeing anything  12 specifically naming specific --  13 Q. How about any --  14 A. -- medications.  15 Q. I'm sorry.  16 How about at any of the Opioid --  17 Opiate Task Force meetings that you've  18 attended, has there been any discussion at any  19 of those meetings about what substances are  20 more commonly seen in overdose deaths?  21 MS. KEARSE: Object to form.  22 A. I can't recall specifically the --  23 in the presentations of the meetings, if --  24 what specific medications were discussed with  25 the over -- as related to overdoses.</p>
<p style="text-align: right;">Page 199</p> <p>1 more commonly. Do you recall that?  2 A. Uh-huh, yes.  3 Q. And you testified that it was your  4 understanding that there was a switch from  5 opioid users to those substances? Is that your  6 understanding?  7 MS. KEARSE: Object to form.  8 A. No. I think what we've -- we have  9 seen an increase of those substances in our  10 communities. What I do think is that some  11 individuals perceive it as less lethal, so they  12 were -- some -- some of them were using other  13 substances if they felt it was a safer  14 substance for them to use. But I do believe we  15 still do have a significant number of  16 individuals with opioid use disorder.  17 Q. Do you have any understanding of  18 what types of opioids are associated with the  19 overdoses seen in Summit County?  20 A. I myself do not specifically see  21 those reports that will differentiate the  22 substances specifically.  23 Q. Do you have any understanding,  24 aside from whether or not you've seen them in  25 reports or not, do you have any understanding</p>	<p style="text-align: right;">Page 201</p> <p>1 Q. Do you have a sense of whether they  2 were prescription opioids versus illicit  3 opioids?  4 A. I don't recall seeing any of the  5 data --  6 Q. Do you have --  7 A. -- that will specific say was it a  8 prescription or was it illicit use. I believe  9 there's both.  10 Q. In the overdose deaths, you believe  11 there's both?  12 A. Correct.  13 Q. Where would you go if you wanted to  14 get that information?  15 A. My first step would probably be to  16 go to Dr. Smith to see who I could contact to  17 get that information, or if at the time that  18 Eric was still employed with us, I'd ask him.  19 Q. So either Eric or -- Mr. Hutzell or  20 Dr. Smith?  21 A. Correct. I'd ask them.  22 Q. You wouldn't ask Mr. Hutzell now,  23 though, because he's at the Cleveland Clinic,  24 right?  25 A. Yeah.</p>

<p style="text-align: right;">Page 202</p> <p>1 Q. Although you could, I suppose, 2 still call him. 3 MS. KEARSE: Object to form. 4 Q. So did you work directly with 5 Dr. Smith when you were at -- at Northcoast 6 Behavioral Healthcare? 7 A. Not directly, no. 8 Q. He was the medical director; is 9 that right? 10 A. Correct. 11 Q. And now he is -- what is his title 12 at the ADM Board? 13 A. I'm not sure, but -- his official 14 title, if it's medical director, chief clinical 15 officer, but -- 16 Q. He was -- 17 A. -- something of that sorts. 18 Q. And he was at the ADM Board when 19 you joined the ADM Board in 2016, right? 20 A. Yes. 21 Q. You did not interview with 22 Dr. Smith, though, when you joined the ADM 23 Board, right? 24 A. No, he was not part of the 25 interview.</p>	<p style="text-align: right;">Page 204</p> <p>1 presentations at the Opiate Task Force? 2 A. No. 3 - - - - - 4 (Thereupon, Deposition Exhibit 7, 5 Document Titled "Training &amp; 6 Development Request," 7 SUMMIT_000945633, was marked for 8 purposes of identification.) 9 - - - - - 10 Q. I'm going to show you a document 11 that we have marked as Exhibit 7 for 12 identification purposes. 13 Do you recognize Exhibit 7? 14 A. Yes. 15 MS. FEINSTEIN: It is, just for the 16 record, for those on the phone, it's a document 17 with Bates SUMMIT_000945633. 18 Q. What is Exhibit 7? 19 A. It was a training and development 20 request to attend the National Cocaine, Meth, 21 and Stimulant Summit. 22 Q. Did you prepare this document? 23 A. Yes. 24 Q. In the middle of the page, there's 25 a paragraph that poses the question, "How will</p>
<p style="text-align: right;">Page 203</p> <p>1 Q. Did you talk with him at all about 2 the job before you took it? 3 A. No. 4 Q. Was Dr. Smith well-respected at 5 Northcoast Behavioral Healthcare? 6 A. Yes. 7 Q. Is he well-respected at the ADM 8 Board? 9 A. Yes. 10 Q. Do you have any sense of -- of 11 whether Dr. Smith has a role -- strike that. 12 Do you know whether Dr. Smith has a 13 role with the Summit County Opiate Task Force? 14 A. Yes. He participates on the health 15 care subcommittee. 16 Q. Does he have any other role; do you 17 know? 18 A. I know he has done presentations 19 every now and again. 20 Q. Have you seen some of his 21 presentations? 22 A. I have not, other than the one that 23 I had mentioned, in the fall at the behavioral 24 health fair. 25 Q. But you've not seen his</p>	<p style="text-align: right;">Page 205</p> <p>1 this course/workshop/seminar and/or program 2 benefit you, your job, and/or the agency." 3 Do you see that? 4 A. Yes. 5 Q. And underneath that, it reads, "In 6 Summit County, we are seeing emerging -- 7 emerging trends with substance use other than 8 opioids. Our community has especially seen a 9 rise in the use of methamphetamines." 10 Did I read that correctly? 11 A. Yes. 12 Q. Did you write those two sentences? 13 A. Yes. 14 Q. When did you start seeing emerging 15 trends with substance use other than opioids in 16 Summit County? 17 A. I would say approximately -- and it 18 was more in the discussion of our meetings, 19 whether it be Quick Response Team meeting or 20 other treatment provider meetings -- in the 21 summer of 2018. 22 Q. This document is dated -- the date 23 of the request is dated May 8, 2018, right? 24 A. Uh-huh, yes. 25 Q. Does that help sort of place in</p>



<p style="text-align: right;">Page 206</p> <p>1 time for you when you started seeing that --  2 that change?  3 MS. KEARSE: Object to form.  4 A. If so, I initially said summer. It  5 may have been a couple months earlier, but it  6 was early -- it was in 2018 that we started  7 that discussion, and some of our law  8 enforcement and other neighboring areas were  9 saying they were also seeing a trend.  10 Q. In your work in addiction at  11 Northcoast Behavioral Healthcare or with the  12 ADM Board, have you seen -- have you seen  13 trends with substance use over that time  14 period?  15 MS. KEARSE: Object to form.  16 A. I would -- yes.  17 Q. With -- what different trends have  18 you seen over the course of your career in  19 addiction?  20 A. I would say while at Northcoast  21 specifically, we did see a large population  22 coming in, abuse -- abusing opioids, prescribed  23 opioids, and coming in -- they were coming into  24 our system because perhaps maybe the community  25 they were coming from didn't have resources,</p>	<p style="text-align: right;">Page 208</p> <p>1 Vince Caraffi?  2 A. Yes.  3 Q. Who is Mr. Caraffi?  4 A. He provided -- was the point person  5 for the Cuyahoga County Opiate Task Force. He  6 worked for Cuyahoga County Department of  7 Health.  8 Q. Did you interface with him when you  9 were at Northcoast Behavioral Health?  10 A. Minimally, yes.  11 Q. Do you know Nancy Pommerening?  12 A. No.  13 Q. And the program Prescription For  14 Prevention doesn't ring a bell to you?  15 A. Off the top of my head, no.  16 - - - - -  17 (Thereupon, Deposition Exhibit 8,  18 Document Titled "Prescription for  19 Prevention: Cuyahoga County  20 Coalition Minutes from April 20,  21 2011 Meeting," CLEVE_000216547 to  22 000216548, was marked for purposes  23 of identification.)  24 - - - - -  25 Q. I'm going to show you a document</p>
<p style="text-align: right;">Page 207</p> <p>1 and so they were coming in for services at our  2 hospital.  3 We have also seen, as I mentioned  4 previously, recently, an increase in stimulant  5 use as well.  6 Q. When did you first start seeing it  7 at Northcoast Behavioral Health, the patients  8 coming in seeking treatment for prescription  9 opioid use?  10 A. I don't have an exact date, but I  11 would say probably around 2011.  12 Q. Do you recall a program called  13 Prescription For Prevention?  14 A. No.  15 Q. I'm sorry. The answer --  16 A. No.  17 Q. Do you recall attending meetings --  18 strike that.  19 Do you recall receiving information  20 regarding meetings in 2011 from a Cuyahoga  21 County coalition related to prescription  22 opioids?  23 A. Offhand, no. I -- off the top of  24 my head, no, I don't remember.  25 Q. Do you know an individual named</p>	<p style="text-align: right;">Page 209</p> <p>1 that was produced by Cleveland, but you were  2 copied on the cover e-mail. We'll mark it  3 as --  4 A. Okay.  5 Q. -- Exhibit 8.  6 Just let me know whether you've  7 seen that before.  8 It is Bates labeled  9 CLEVE_000216547.  10 Do you recognize this document at  11 all?  12 A. (Witness shaking head.)  13 Q. Does it refresh your recollection  14 at all, seeing it?  15 A. No.  16 Q. Okay. Do you know who --  17 THE REPORTER: If you could speak  18 up a little bit more --  19 THE WITNESS: Yes. Sorry about  20 that. Yes, I'm sorry about that.  21 THE REPORTER: Thanks.  22 Q. Do you remember -- strike that.  23 Have you ever heard from a Sheriff Rogers from  24 Adams County?  25 A. I did attend a few meetings of the</p>

<p style="text-align: right;">Page 210</p> <p>1 Cuyahoga County Opiate Task Force, so if I can 2 recall correctly, he attended one of the 3 meetings that I attended. 4 Q. Do you remember about when you 5 attended those meetings? 6 A. I would say I -- around 2011 is 7 when I attended one of the first meetings. I 8 did not attend regularly, but probably up until 9 about 2015 or so, I did go, here and there, to 10 some of their Opiate Task Force meetings. 11 MS. KEARSE: I may be blind, so 12 just -- I'm trying to find her name on the 13 document. 14 MS. FEINSTEIN: Yeah, her name is 15 not -- just, I'll just note for the record, 16 Ms. Patton's name is not on this document. It 17 was attached to a mass e-mail that had a bunch 18 of e-mail addresses, and her e-mail at the 19 hospital at Northcoast Behavioral Health. 20 MS. KEARSE: Okay. Do you have 21 that e-mail? 22 MS. FEINSTEIN: I don't have it 23 marked as an exhibit, but I can provide it to 24 you later. 25 MS. KEARSE: Okay, yeah. That's</p>	<p style="text-align: right;">Page 212</p> <p>1 use and the prescriptions and so that the 2 prescribing physicians would have access to 3 that information. 4 Q. Was that the first time that you 5 had learned of OARRS; was that at a Cuyahoga 6 County Opiate Task Force meeting? 7 MS. KEARSE: Object to form. 8 A. I -- I know that the staff at 9 Northcoast also did utilize the OARRS form, so 10 I can't recall specifically if it was at 11 Northcoast or the meetings. 12 Q. Sure. What is your understanding 13 of the opioid epidemic? What -- what 14 understanding do you have of when it started in 15 Ohio? 16 MS. KEARSE: Object to form. I 17 think she asked and answered that question 18 already. 19 A. So as I had stated previously, I 20 did beco- -- start becoming involved in around 21 2011 with some of the initiatives going on 22 throughout the state and some of the trainings 23 at that time. 24 Q. And we've been using the terms 25 "opioids" and "opiates" quite a bit, so just to</p>
<p style="text-align: right;">Page 211</p> <p>1 good. I just don't want the -- I do not see 2 Ms. Patton's name anywhere on the document, nor 3 do I have a copy of the e-mail to confirm or 4 deny that she got the e-mail or that she ever 5 even read the document. 6 MS. FEINSTEIN: Yeah. And it 7 doesn't refresh her recollection. That was the 8 only reason for me putting it in front of her. 9 Q. Do you recall learning anything 10 about the opioid epidemic at any of the 11 Cuyahoga County Opiate Task Force meetings that 12 you attended in that time period, 2011 to 2015? 13 MS. KEARSE: Object to form. 14 A. In some of the meetings that I did 15 attend, yes, we did -- we -- it was a very 16 small group. I would say probably about 30 17 people at some of the -- or less at the 18 meetings that I did attend. 19 They were -- a lot of the topics 20 talking -- I know they had someone from the 21 Board of Pharmacy that participated, and we 22 talked about the opiate medications and the 23 implementation of the OARRS program that they 24 were creating to help address, hopefully, 25 individuals and looking at individuals' opioid</p>	<p style="text-align: right;">Page 213</p> <p>1 make sure that we're on the same page when 2 we're using those terms, what -- what is your 3 understanding of the term "opioid"? 4 A. So what the opioid is, looking at 5 the prescription opioids, so looking at some of 6 the specific medications fall under opioid, and 7 how they interact -- 8 Q. Do you have any -- 9 A. -- with the individual. 10 Q. And I'm sorry. I didn't mean -- 11 A. That's okay. 12 Q. -- to cut you off. 13 Do you have any understanding of 14 what the term "opiate" means? 15 A. So -- and I know a lot of times 16 they're used interchangeably. So with the 17 opiates, I think that referred to another 18 subgroup of looking at not only the medication, 19 but also looking at other opiates, such as -- 20 because heroin is an opiate, so to speak. 21 Q. Do you know for how long 22 prescription opioids have been available for 23 prescription in the United States? 24 A. I do not. 25 Q. Do you have an understanding of --</p>

<p style="text-align: right;">Page 214</p> <p>1 of the -- strike that.</p> <p>2 Do you know that prescription</p> <p>3 opioids are approved by the Food and Drug</p> <p>4 Administration?</p> <p>5 A. Do I -- yes, that some of them are,</p> <p>6 yes.</p> <p>7 Q. Are you aware of any prescription</p> <p>8 opioid that's available by prescription that is</p> <p>9 not approved by the FDA?</p> <p>10 A. No.</p> <p>11 Q. Do you have any understanding of</p> <p>12 the FDA approval process?</p> <p>13 A. I don't have a good understanding</p> <p>14 of what all entails in that process, no.</p> <p>15 Q. Do you -- do you know anything</p> <p>16 about -- strike that.</p> <p>17 Have you ever taken a prescription</p> <p>18 opioid?</p> <p>19 MS. KEARSE: I'm going to -- I'm</p> <p>20 going to object and just advise the witness she</p> <p>21 can answer that question if she wants, but she</p> <p>22 has her own rights and protection if she</p> <p>23 doesn't want to answer questions about her --</p> <p>24 anything medically-related, HIPAA rights.</p> <p>25 A. I would prefer not to answer.</p>	<p style="text-align: right;">Page 216</p> <p>1 Northcoast Behavioral Healthcare or through the</p> <p>2 ADM Board, have you ever seen the patient</p> <p>3 information that accompanies a prescription</p> <p>4 opioid that includes information on the use of</p> <p>5 the opioid and risks associated with that</p> <p>6 prescription opioid?</p> <p>7 A. So the -- when a person is -- was</p> <p>8 discharged from hospital, part of their</p> <p>9 discharge paperwork included medications and</p> <p>10 any information related to those medications.</p> <p>11 Q. And have you read any information</p> <p>12 related to prescription opioids that included</p> <p>13 information about risks associated with</p> <p>14 prescription opioids?</p> <p>15 A. I have, but I don't, off the top of</p> <p>16 my head, recall specifically what any of it</p> <p>17 stated, because it's been quite some time.</p> <p>18 Q. Do you have an understanding that</p> <p>19 prescription opioids have a risk of addiction</p> <p>20 associated with them?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 A. Yes.</p> <p>23 Q. How did you develop that</p> <p>24 understanding that opioids have a risk of</p> <p>25 addiction?</p>
<p style="text-align: right;">Page 215</p> <p>1 Q. Have you ever taken a prescription</p> <p>2 medication that had information provided about</p> <p>3 that information in -- in writing in a package</p> <p>4 insert or label?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 A. So as it relates to my personal</p> <p>7 history? I would prefer not to answer.</p> <p>8 Q. So -- and my question is very</p> <p>9 general. You're aware that prescription</p> <p>10 medications come with information regarding</p> <p>11 instructions for use and risks and warnings</p> <p>12 right?</p> <p>13 MS. KEARSE: Object to form.</p> <p>14 A. So from the pharmacies, yes, they</p> <p>15 give papers at times with medication.</p> <p>16 Q. Have you ever -- have you ever read</p> <p>17 any of the accompanying information that comes</p> <p>18 with a prescription opioid that includes</p> <p>19 information about the use, risks, and warnings?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. As far as my own personal use,</p> <p>22 again, I care not to answer, as it relates to</p> <p>23 any personal medical history and prescriptions</p> <p>24 given.</p> <p>25 Q. As a part of your work at</p>	<p style="text-align: right;">Page 217</p> <p>1 A. So my understanding is with some of</p> <p>2 that paperwork, like you said, have I ever,</p> <p>3 with the clients working at Northcoast, get</p> <p>4 what's provided by the pharma- -- pharmacy</p> <p>5 department and seeing some of the paperwork.</p> <p>6 Q. Prior to seeing any paperwork, as a</p> <p>7 part of your training at any point, either</p> <p>8 through your master's program or your</p> <p>9 bachelor's program, have you received any</p> <p>10 information regarding the risk of addiction as</p> <p>11 associated with prescription opioids?</p> <p>12 A. In some of the coursework with --</p> <p>13 not in my undergraduate program, but in some of</p> <p>14 the other coursework programs, when covering</p> <p>15 opioids, yes.</p> <p>16 Q. So back in your master's program</p> <p>17 you learned that opioids carry with them a risk</p> <p>18 of addiction?</p> <p>19 A. As well -- in the Columbus State</p> <p>20 program.</p> <p>21 Q. And about what -- what year was</p> <p>22 that that you first learned that?</p> <p>23 A. I attended Columbus State, I don't</p> <p>24 remember the specific start date, but</p> <p>25 approximately 2004 is when I began my program.</p>

<p style="text-align: right;">Page 218</p> <p>1 And I completed the program in 2005, so --</p> <p>2 Q. Somewhere in that time frame?</p> <p>3 Okay.</p> <p>4 At any point did you become aware</p> <p>5 that prescription opioids also have associated</p> <p>6 with them a risk of death?</p> <p>7 MS. KEARSE: Object to form.</p> <p>8 A. During my coursework, I don't</p> <p>9 recall being taught that.</p> <p>10 Q. But you do recall learning about</p> <p>11 the risk of addiction?</p> <p>12 A. Yes.</p> <p>13 Q. Have you ever seen FDA-approved</p> <p>14 labeling information for any prescription</p> <p>15 medication that include -- included a warning</p> <p>16 for the -- the risk of addiction or death?</p> <p>17 MS. KEARSE: Object to form.</p> <p>18 A. I don't recall seeing any.</p> <p>19 Q. Would you agree with me that all</p> <p>20 prescription medications carry some level of</p> <p>21 risk with them?</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. I think, depending on the</p> <p>24 medication and depending on who the person is</p> <p>25 taking it, because everyone's body reacts</p>	<p style="text-align: right;">Page 220</p> <p>1 taking the prescription, their brain is</p> <p>2 triggered with that substance, and then it</p> <p>3 could form into an addicted habit for that --</p> <p>4 or an addiction for that individual.</p> <p>5 So I think there are times where a</p> <p>6 medical professional can prescribe; however,</p> <p>7 there are so many other factors that tie into</p> <p>8 it that could potentially lead to an addiction.</p> <p>9 Q. Do you know whether -- strike that.</p> <p>10 Do you agree that only certain</p> <p>11 medical professionals can provide patients with</p> <p>12 prescriptions for opioids in the state of Ohio?</p> <p>13 A. Can you clarify as far as if I</p> <p>14 believe only certain -- or I just -- I -- can</p> <p>15 you just repeat the question? Sorry about</p> <p>16 that.</p> <p>17 Q. Yeah. Oh, no, no. No problem. I</p> <p>18 appreciate you asking for clarification if you</p> <p>19 don't understand, and it's kind of late in the</p> <p>20 day too. I'll restate it --</p> <p>21 A. Okay.</p> <p>22 Q. -- and see if this helps.</p> <p>23 In Ohio, medical doctors can</p> <p>24 prescribe prescription opioids, right?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 219</p> <p>1 differently, so it -- depending on what it</p> <p>2 could be, there could be risk with a</p> <p>3 medication, yes.</p> <p>4 Q. Are you aware of any prescription</p> <p>5 medication that has no risks?</p> <p>6 MS. KEARSE: Object to form.</p> <p>7 A. Not off the top of my head.</p> <p>8 Q. Do you believe that prescription</p> <p>9 opioids can be appropriate for some patients</p> <p>10 for the treatment of pain?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. I think that some individuals can</p> <p>13 be prescribed prescription opioids and have</p> <p>14 taken them and have -- have not formed an</p> <p>15 addiction with them.</p> <p>16 Q. Do you agree that it is within the</p> <p>17 medical judgment of a physician to determine</p> <p>18 whether or not a prescription opioid is</p> <p>19 medically appropriate for any given patient?</p> <p>20 A. I believe that a medical</p> <p>21 professional can only make a decision based on</p> <p>22 what they know. I -- I -- I believe that</p> <p>23 sometimes they may prescribe an opioid thinking</p> <p>24 it's medically necessary, that there's low</p> <p>25 risk; however, then the individual that is</p>	<p style="text-align: right;">Page 221</p> <p>1 Q. Do you know whether nurse</p> <p>2 practitioners in Ohio are permitted to</p> <p>3 prescribe prescription opioids?</p> <p>4 A. I don't know.</p> <p>5 Q. Do you know whether dentists can</p> <p>6 prescribe prescription opioids in Ohio?</p> <p>7 A. Yes.</p> <p>8 Q. Do you know whether a pharmacy can</p> <p>9 lawfully dispense a prescription opioid without</p> <p>10 a valid prescription?</p> <p>11 A. I don't know. Legally, I would --</p> <p>12 legally, I think no, but I don't know for a</p> <p>13 fact or not.</p> <p>14 Q. Do you know whether a</p> <p>15 pharmaceutical manufacturer can directly</p> <p>16 provide a prescription opioid to a patient?</p> <p>17 A. I don't know.</p> <p>18 Q. Do you know whether a</p> <p>19 pharmaceutical distributor can directly provide</p> <p>20 a prescription opioid to a patient?</p> <p>21 A. I don't think they can, but I don't</p> <p>22 know.</p> <p>23 Q. Are there other legal substances,</p> <p>24 other than prescription opioids, that an</p> <p>25 individual can become addicted to?</p>



<p style="text-align: right;">Page 222</p> <p>1 A. I'm sorry. My mind drifted for a 2 second. 3 Q. Sure. 4 A. Can you just repeat the question? 5 Q. I sure can. 6 Are there other legal substances, 7 other than prescription opioids, that an 8 individual can become addicted to? 9 A. Yes. 10 MS. KEARSE: Object to form. 11 Q. What are those substances? 12 A. Alcohol is legal for ages 21 and 13 older, at least, in the state of Ohio. 14 Q. Any other legal substances that a 15 person can become addicted to? 16 A. Tobacco, as well as other 17 prescription medications such as 18 benzodiazepines. 19 Q. I asked you earlier about the 20 opioid epidemic, and I just realized we didn't 21 talk about, really, what that term means. 22 What does "opioid epidemic" mean to 23 you? 24 MS. KEARSE: Object to form. 25 A. When I hear "opioid epidemic" and</p>	<p style="text-align: right;">Page 224</p> <p>1 Northcoast. 2 And then, also, the doctors 3 giving -- getting reassurance of, "These are 4 okay to prescribe. We're going to prescribe -- 5 you can prescribe them." 6 And then also looking -- and they 7 were, I think, when -- being marketed, being -- 8 the -- the pain as fifth vit- -- and consumer 9 surveys and things like that were also part of 10 that. So I think that was a contributing 11 factor, as far as just -- and how easily 12 accessible they were accessed by individuals. 13 Q. In some of the presentations that 14 you've given, you've touched on the causes of 15 the opioid epidemic, right? 16 A. As part of the speaker's bureau, 17 some of the presentations have included slides 18 on that, yes. 19 Q. The speaker's bureau, is that 20 through the Summit County Opiate Task Force? 21 A. Correct. 22 Q. Do you know who prepared those 23 slides? 24 A. The original slides I do not know. 25 I know our public relations staff, in</p>
<p style="text-align: right;">Page 223</p> <p>1 what it means to me, meaning that over a period 2 of time the problem has exacerbated itself and 3 become such a large issue impacting such a 4 great number of individuals. 5 Q. We -- we touched earlier on some of 6 the things that were contributing factors to 7 the opioid epidemic, and among them, you 8 included the availability of prescription 9 medications, pain as the fifth vital sign, and 10 a -- and a few other things. 11 Do you have -- just sitting here 12 today, do you have any additional things that 13 you believe are contributing factors to the 14 opioid epidemic? 15 MS. KEARSE: Object to form. I 16 think that was your term, "contributing 17 factors," not the witness's. I think it's also 18 asked and answered. 19 A. When looking at what has 20 contributed to this issue, I think one of the 21 issues is the facade that many physicians 22 were -- they were given the idea that the 23 medications were modified or changed, that 24 they're no longer dangerous, because I recall 25 those reports coming out when I was working at</p>	<p style="text-align: right;">Page 225</p> <p>1 conjunction with Dr. Smith and Jerry Craig, 2 have compiled that PowerPoint presentation. 3 Q. Who is that on the PR staff? 4 A. Currently it's Lucky Tisch. Her 5 supervisor retired in December of '17, and that 6 was Mary Alice Sonnhalter. 7 Q. What role does the ADM Board play 8 with the Opiate -- the Summit County Opiate 9 Task Force? 10 A. I think as long -- as -- along with 11 many other members of the community, we are 12 stakeholders with the Opiate Task Force. We -- 13 many of us do participate on various 14 subcommittees as part of the Summit -- of the 15 Opiate Task Force and initiatives that are set 16 forth with them. 17 Q. So what is the relationship between 18 the ADM Board and the speaker's bureau of the 19 Opiate Task Force? 20 A. So the speaker's bureau was one of 21 the components created by the Summit County 22 Opiate Task Force to increase awareness, as 23 part of the prevention and education piece, 24 with the Opiate Task Force to educate community 25 members, schools, other venues that may request</p>



<p style="text-align: right;">Page 226</p> <p>1 a speaker to come and educate their staff or 2 other employees or community members on the 3 Opiate Task Force. 4 And that was created by 5 participants of the Opiate Task Force. So some 6 are just community members. Some or employed 7 by treatment providers. It's a vast array of 8 individuals that participate with the speaker's 9 bureau. 10 Q. The slides that you mentioned, are 11 they Opiate Task Force slides or are they ADM 12 Board slides? 13 A. Summit County Opiate Task Force. 14 Q. But the ADM Board has access to 15 them? 16 A. Yes. 17 Q. When you -- when you've given 18 presentations using the speaker's bureau 19 slides, are you able to modify the slides to 20 adjust it to a particular audience, for 21 example? 22 A. So when a request comes in, so all 23 the speaker requests come in to Lucky Tisch in 24 our public relations, and if there's a specific 25 need, we will see what the population is,</p>	<p style="text-align: right;">Page 228</p> <p>1 (Thereupon, Deposition Exhibit 9, 2 Slide Deck Titled "The Opiate 3 Epidemic Hits Home: What We All Need 4 to Know," SUMMIT_000289523 to 5 000289533, was marked for purposes 6 of identification.) 7 - - - - - 8 Q. Handing you what we've marked as 9 Exhibit 9 for identification purposes. 10 A. Uh-huh. 11 Q. Do you recognize the handwriting on 12 Exhibit 9? 13 A. These were pulled from Paula 14 Rabinowitz' records, so I would say they're 15 hers, but I don't know because she was not 16 there when I was there. 17 Q. How do you know that was pulled 18 from Paula's records? 19 A. So when we were asked to pull 20 records -- we have a record and retention 21 policy at ADM Board that we have to keep 22 specific documents. So this was kept because 23 it hasn't hit that time frame yet of being able 24 to shred. So when I was asked to pull 25 documents, this was in the file drawer.</p>
<p style="text-align: right;">Page 227</p> <p>1 depending if it's a school, if it's a parent 2 group, who it may be. 3 I don't necessarily tailor the 4 presentation, but maybe some of the talking and 5 the actual speaking that we do may be tailored 6 to add, to enhance to that population and 7 target specifically that population. 8 Q. So you'll make notes or use the 9 speaker notes feature in PowerPoint to 10 customize your portion of the presentation; is 11 that right? 12 A. Yes. And -- and I'll be honest; 13 our ADM logo may be on the presentation. I 14 can't recall. 15 Q. Lucky Tisch is at the ADM Board, 16 right? 17 A. Correct. 18 Q. Have you ever done a -- a 19 presentation using a slide deck that was 20 prepared by Paula Rabinowitz? 21 A. No. 22 Q. I'm just going to mark this 23 document to see if you recognize the 24 handwriting. 25 - - - - -</p>	<p style="text-align: right;">Page 229</p> <p>1 Q. And so you physically pulled this? 2 A. One of the files, yes. 3 Q. Okay. And you recognize it just 4 for purposes of gathering it for a response to 5 this litigation -- 6 A. Yes. 7 Q. -- is that right? 8 A. Correct. 9 Q. Okay, thanks. That's why it was in 10 your file then. 11 A. Correct. 12 Q. You don't recognize this 13 handwriting? 14 A. No, I don't. 15 Q. Did you ever see any presentations 16 presented by Ms. Rabinowitz? 17 A. I did not, no. 18 Q. Did you review this document that 19 we've marked as Exhibit 9 before providing it 20 to the lawyers for this litigation? 21 A. Prior to providing it, no. 22 Q. After providing it, did you look at 23 it? 24 A. I kind of glanced at it, but not in 25 depth, so.</p>

<p style="text-align: right;">Page 230</p> <p>1 Q. And so Exhibit 9 is not a 2 presentation that you've ever given? 3 A. No. 4 Q. And you mentioned that 5 Ms. Rabinowitz retired; is that right? 6 A. Yes, that's my understanding. 7 Q. When's the last time you spoke with 8 her? 9 A. I met her once at a meeting when I 10 first started. She was at a meeting at Summit 11 County Children's Services as a volunteer, and 12 that's the only time I've spoken with her. 13 Q. She wasn't involved in your 14 training at all? 15 A. No. 16 Q. You've done some presentations to 17 schools about opioids, right? 18 A. I've -- was on a panel discussion 19 at the Summit County ESC, which is Education 20 Service Center, but I haven't gone to any 21 schools specifically. 22 Q. Have you done any presentations to 23 parent groups about opioids? 24 A. I have not specifically. 25 Q. Have you done any presentations</p>	<p style="text-align: right;">Page 232</p> <p>1 overdose rates and things like that. But I 2 don't recall a specific substance or whatever 3 the -- prescribed or illicit. 4 Q. Do you recall whether those stories 5 or articles that you've seen discussed heroin 6 or fentanyl as being associated with overdose 7 deaths? 8 A. I do know in some of the reports 9 those substances were discussed in some of the 10 reports as it relates to the overdoses. 11 Q. Do you recall seeing reports of 12 prescription opioids being associated with 13 overdose deaths? 14 A. In looking at those articles, I 15 can't recall anything specifically off the top 16 of my head. 17 Q. Do you recall the titles of any of 18 the articles? 19 A. I don't recall. I'm sorry. No, I 20 don't know. 21 Q. Do you recall -- do you recall 22 where you read those articles? 23 A. I would say I've read most of them 24 online, whether it was, like, Ohio.com. Or 25 I've seen some reports on 60 Minutes, things</p>
<p style="text-align: right;">Page 231</p> <p>1 that involved discussion about how young people 2 get access to prescription opioids? 3 A. I have not done any specific 4 presentations related with youth and... 5 Q. Do you have any information about 6 what portion of opioid users in Summit County 7 have never had a valid prescription? 8 A. I don't know. 9 Q. Do you have any information about 10 whether Ohio has experienced a more severe 11 opioid epidemic than any other state? 12 A. I have only gone off of reports 13 I've seen, maybe like various news reports or 14 things like that when -- or articles where they 15 have named Ohio as, I think for a while it was 16 between Ohio and West Virginia was being named 17 as highest prevalence. 18 Q. Do you -- from those news reports, 19 do you have any recollection of what types of 20 opiate -- opioids or opiates were discussed in 21 the context of the severity of the problem in 22 Ohio? 23 A. I can't recall any specific 24 substances, but the articles that I think I -- 25 that I did come across was looking at overall</p>	<p style="text-align: right;">Page 233</p> <p>1 like that, but... 2 Q. What do you recall about what you 3 saw on 60 Minutes? 4 A. It's been a long time, so I can't 5 recall specifics. I know in general it talked 6 about, overall, the opioid crisis that is -- 7 we're facing, not only in Ohio, but overall. 8 Q. And what about the -- what about 9 the opioid crisis was discussed in that story? 10 A. From what I can recall, it was just 11 a kind of a basic overview of, from their 12 standpoint and a reporting standpoint, where a 13 lot of it was discussed of with having the 14 manufacturers and all of the -- like, and 15 promotion of the prescription opioids, such as, 16 like, even -- even commercials that were kind 17 of geared on TV, and the idea that these 18 medications are safe. And then how it's kind 19 of evolved from that point moving forward. 20 Q. Have you ever seen any 21 advertisements for prescription opioids? 22 A. Recently? No. 23 Q. Ever? 24 A. Vaguely, I can recall. If you ask 25 content, I don't recall any specific content,</p>

<p style="text-align: right;">Page 234</p> <p>1 but I do recall seeing commercials in the past,  2 but I don't remember any of the content.  3 Q. Do you recall -- you said recently  4 you had not. When's the last time that you saw  5 an advertisement for a prescription opioid?  6 A. I don't have a specific date. I  7 would say at least a couple years, but I can't  8 pinpoint a date.  9 Q. Was it a television commercial or a  10 magazine ad?  11 A. A television commercial. But, like  12 I said, I don't recall the last time I've seen  13 one.  14 Q. Do you recall for what opioid?  15 A. No, I don't.  16 Q. Was it a pill or some other form of  17 delivery?  18 A. I -- for definitively I don't know.  19 I think it was for a pill, but I don't know.  20 Q. Do you have any understanding of  21 whether the FDA regulates pharmaceutical  22 advertising in the United States?  23 A. I don't know.  24 Q. When did you first learn of this  25 lawsuit?</p>	<p style="text-align: right;">Page 236</p> <p>1 A. My understanding is that it's some  2 of the manufacturers of the medica- -- of the  3 prescription opioids, as well as some of the  4 pharmacies that will dispense the medications.  5 But I, again, roughly don't know specifically  6 who all is named in the lawsuit.  7 Q. Do you have any understanding of  8 the nature of the claims against the  9 manufacturers?  10 A. Some. I know some of it. I  11 haven't read the full complaint or anything  12 like that.  13 Q. Have you seen the complaint?  14 A. Yes. But I have not read -- I've  15 read maybe a couple pages as it relates to ADM  16 Board.  17 Q. When did you read those pages  18 related to the ADM Board?  19 A. November.  20 Q. Of 2018?  21 A. Yes.  22 Q. Did you read any of the allegations  23 related to any of the Manufacturer Defendants?  24 A. No.  25 Q. Did you read any of the allegations</p>
<p style="text-align: right;">Page 235</p> <p>1 A. I would -- sometime in 2017? I  2 mean, I don't have a specific time frame as to  3 when. I think I heard some talk of a potential  4 lawsuit in 2017.  5 Q. Where did you hear that talk?  6 A. I don't know what specific meeting  7 it was, but I know it was discussed of the  8 potential of having a lawsuit in one of the  9 meetings I attended. I don't know if -- I  10 can't recall if it was part of Opiate Task  11 Force or another meeting.  12 Q. Do you remember anything about  13 those discussions about the lawsuit?  14 A. No.  15 Q. Did you provide any input about  16 your views on any lawsuit?  17 A. No.  18 Q. Do you have any understanding of  19 who the Defendants are in this lawsuit, who is  20 being sued?  21 A. Some understanding. I don't know  22 all of the individuals represented, but I know  23 some of it.  24 Q. What is your understanding of who  25 the Defendants are in this lawsuit?</p>	<p style="text-align: right;">Page 237</p> <p>1 related to any of the Pharmacy Defendants?  2 A. No.  3 Q. Do you recall seeing any  4 allegations against any category of Defendants  5 called "distributors"?  6 A. I didn't read anything specific to  7 it, no.  8 Q. What is your understanding of the  9 claims against the manufacturers?  10 A. So my basic understanding of --  11 with the manufacturers, that they knowingly  12 were marketing to the distributors, and -- to  13 sell these medications and distribute these  14 medications, and -- whether it was with  15 physicians or other entities. And then with  16 the distributors, and then, that knowingly were  17 distributing the medications, although, they  18 knew there was already a large amount of  19 readily accessible I -- in -- for individuals  20 in designated counties. And then with the  21 pharmacies, that they had an abundant supply of  22 the medications, but they were still taking in  23 those medications and dispensing those  24 medications of the prescriptions that were  25 coming in.</p>

<p style="text-align: right;">Page 238</p> <p>1 Q. Do you have any understanding of</p> <p>2 who the Plaintiff is in this litigation, or who</p> <p>3 the Plaintiffs are in this litigation?</p> <p>4 A. So it's my understanding that it's</p> <p>5 Summit County, Akron, Cleveland, Cuyahoga</p> <p>6 County.</p> <p>7 Q. Have you spoken with anyone other</p> <p>8 than attorneys about the factual allegations in</p> <p>9 the complaint?</p> <p>10 A. No.</p> <p>11 Q. Did you provide any factual</p> <p>12 information in support of the complainants,</p> <p>13 that you know of?</p> <p>14 A. No.</p> <p>15 Q. Were you asked to preserve</p> <p>16 documents at any point related to this</p> <p>17 litigation?</p> <p>18 A. Yes. We got a notice not to</p> <p>19 destroy anything.</p> <p>20 Q. When did you get that notice?</p> <p>21 A. I don't -- I don't know</p> <p>22 specifically. After August. Because that's</p> <p>23 when I was initially first contacted about the</p> <p>24 litigation. But soon after that, we got an</p> <p>25 e-mail indicating not to destroy anything.</p>	<p style="text-align: right;">Page 240</p> <p>1 Q. Two boxes of hardcopy documents?</p> <p>2 A. Correct.</p> <p>3 Q. Do you know whether your e-mails</p> <p>4 were gathered?</p> <p>5 A. Yes.</p> <p>6 Q. What types of documents were</p> <p>7 provided in the hardcopy documents?</p> <p>8 A. Meeting minutes that may not have</p> <p>9 been our meeting minutes, so they weren't saved</p> <p>10 electronically. Some of these presentations or</p> <p>11 other information prior to my coming to ADM</p> <p>12 Board. Basically anything that couldn't be</p> <p>13 saved electr- -- that wasn't saved</p> <p>14 electronically.</p> <p>15 Q. Exhibit 9 has some handwritten</p> <p>16 notes on it that you said you've found and</p> <p>17 provided, but you don't know whose handwritten</p> <p>18 notes they were.</p> <p>19 Did you provide any handwritten</p> <p>20 notes yourself that were your notes in</p> <p>21 hardcopy?</p> <p>22 A. Some of the meeting minutes may</p> <p>23 have had notes that I wrote on them that were</p> <p>24 provided, yes. I tend to write my notes all on</p> <p>25 the agendas.</p>
<p style="text-align: right;">Page 239</p> <p>1 Q. So August of 2018?</p> <p>2 A. Yes.</p> <p>3 Q. You mentioned that the ADM Board</p> <p>4 has a document retention and destruction</p> <p>5 policy?</p> <p>6 A. Yes.</p> <p>7 Q. And prior to receiving the</p> <p>8 information regarding the document preservation</p> <p>9 in -- in or around August 2018, did you abide</p> <p>10 by the Summit County ADM Board document</p> <p>11 retention and destruction policy?</p> <p>12 A. Yes.</p> <p>13 MS. KEARSE: Object to form.</p> <p>14 Q. You mentioned that Exhibit 9 was</p> <p>15 one of the documents that -- that you gathered.</p> <p>16 Do you recall gathering other</p> <p>17 documents to provide to the lawyers for this</p> <p>18 litigation?</p> <p>19 A. So the documents I basic -- if I --</p> <p>20 if I looked at it and thought it had anything</p> <p>21 to do with opiates, I pulled it.</p> <p>22 Q. Did you have a -- strike that.</p> <p>23 About how many hardcopy documents</p> <p>24 did you find?</p> <p>25 A. I provided them with two boxes.</p>	<p style="text-align: right;">Page 241</p> <p>1 Q. Do you know the names of any</p> <p>2 pharmaceutical manufacturers who manufacture</p> <p>3 prescription opioids?</p> <p>4 A. I know Cardinal. Purdue is one of</p> <p>5 the ones I've heard before. I don't know many</p> <p>6 of the pharmaceutical companies.</p> <p>7 Q. Have you ever heard of a company</p> <p>8 called Allergan?</p> <p>9 A. I've heard of it, but not much of</p> <p>10 as far as what all they manufacture.</p> <p>11 Q. Do you know whether Allergan</p> <p>12 manufactures prescription opioids?</p> <p>13 A. I don't.</p> <p>14 Q. Have you heard of a company called</p> <p>15 Cephalon?</p> <p>16 A. No.</p> <p>17 Q. Do you know whether Cephalon</p> <p>18 manufactures prescription opioids?</p> <p>19 A. No.</p> <p>20 Q. Have you heard of a company called</p> <p>21 Endo?</p> <p>22 A. No.</p> <p>23 Q. Do you know whether Endo</p> <p>24 manufactures prescription opioids?</p> <p>25 A. I don't.</p>

<p style="text-align: right;">Page 242</p> <p>1 Q. Have you heard of a company called</p> <p>2 Insys?</p> <p>3 A. No.</p> <p>4 Q. Do you know whether Insys</p> <p>5 manufactures prescription opioids?</p> <p>6 A. I don't.</p> <p>7 Q. Have you heard of a company called</p> <p>8 Janssen?</p> <p>9 A. Yes.</p> <p>10 Q. Do you know whether Janssen</p> <p>11 manufactures prescription opioids?</p> <p>12 A. I don't.</p> <p>13 Q. Have you heard of a company called</p> <p>14 Johnson &amp; Johnson?</p> <p>15 A. Yes.</p> <p>16 Q. Do you know whether Johnson &amp;</p> <p>17 Johnson is a manufacturer of prescription</p> <p>18 opioids?</p> <p>19 A. I don't.</p> <p>20 Q. Have you heard of a company called</p> <p>21 Mallinckrodt?</p> <p>22 A. Yes.</p> <p>23 Q. Do you know whether Mallinckrodt is</p> <p>24 a manufacturer of prescription opioids?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 244</p> <p>1 A. I don't.</p> <p>2 Q. And you're sure that it was a</p> <p>3 prescription opioid?</p> <p>4 A. I -- with -- I do recall seeing the</p> <p>5 commercial. As far as the specific content of</p> <p>6 the commercial and the message they were saying</p> <p>7 in the commercial and any specific content, I</p> <p>8 don't recall that, but I do recall it was for a</p> <p>9 prescription opioid.</p> <p>10 Q. And you don't recall what year?</p> <p>11 A. No, I don't.</p> <p>12 Q. In your role at the ADM Board, have</p> <p>13 you had any interaction with any of the</p> <p>14 pharmaceutical manufacturers that I've just</p> <p>15 listed?</p> <p>16 A. No.</p> <p>17 Q. Are you familiar with any of the</p> <p>18 claims that the Plaintiffs have brought against</p> <p>19 the Teva Defendants in this litigation?</p> <p>20 A. No.</p> <p>21 Q. Have you ever been -- strike that.</p> <p>22 Have you ever had any interaction</p> <p>23 with any representatives, other than me,</p> <p>24 counsel for Teva, with Teva?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 243</p> <p>1 Q. What opioid does Mallinckrodt</p> <p>2 manufacture?</p> <p>3 A. If -- if I'm not mistaken, I think</p> <p>4 they manufacture OxyContin.</p> <p>5 Q. You mentioned that you had heard of</p> <p>6 Purdue before.</p> <p>7 A. Yes.</p> <p>8 Q. Do you know whether Purdue is a</p> <p>9 manufacturer of prescription opioids?</p> <p>10 A. I have heard them in the</p> <p>11 discussion, but I don't know specifically what.</p> <p>12 Q. Have you heard of a company called</p> <p>13 Teva?</p> <p>14 A. No.</p> <p>15 Q. Do you know whether Teva is a</p> <p>16 manufacturer of prescription opioids?</p> <p>17 A. I do not.</p> <p>18 Q. Of the companies that I just</p> <p>19 listed, do you know whether any of them were</p> <p>20 the company that had the advertising that you</p> <p>21 recall seeing some years ago?</p> <p>22 A. I do not recall at all.</p> <p>23 Q. Do you recall anything about the</p> <p>24 advertising for a prescription opioid that you</p> <p>25 saw?</p>	<p style="text-align: right;">Page 245</p> <p>1 Q. Have you had any interaction with</p> <p>2 any of the pharmaceutical companies that we</p> <p>3 just listed?</p> <p>4 A. No.</p> <p>5 Q. Do you have any personal knowledge</p> <p>6 of anything that any of those manufacturers did</p> <p>7 wrong in Summit County?</p> <p>8 A. I don't have any personal</p> <p>9 information, no.</p> <p>10 Q. Do you have any personal knowledge</p> <p>11 of any misrepresentations or omissions made by</p> <p>12 any manufacturer of prescription opioids in</p> <p>13 Summit County?</p> <p>14 A. No.</p> <p>15 Q. Do you have any personal knowledge</p> <p>16 of any agreement between or among any of the</p> <p>17 companies that I just listed?</p> <p>18 A. No.</p> <p>19 Q. Are you familiar with any of the</p> <p>20 distributors of pharmaceuticals?</p> <p>21 A. No.</p> <p>22 Q. And are you aware of what</p> <p>23 pharmacies are listed as Defendants in this</p> <p>24 litigation?</p> <p>25 A. I know some of them, but I --</p>



<p style="text-align: right;">Page 246</p> <p>1 because I saw on the filings. I know Walmart  2 is one of them. Discount Drug Mart. I think  3 Walgreens was part of it. Possibly CVS. Those  4 are just some of the big companies that I  5 remember seeing.  6 Q. Do you have any personal knowledge  7 about anything that any of those companies did  8 wrong in Summit County?  9 A. No.  10 Q. Do you have any personal knowledge  11 of anything that any distributor of  12 pharmaceutical products did wrong in Summit  13 County?  14 A. No.  15 MS. FEINSTEIN: Why don't we take a  16 short break here. I'm just going to flip  17 through my notes, but I think I'm almost done.  18 THE VIDEOGRAPHER: Off the record,  19 3:29.  20 (A recess was taken.)  21 THE VIDEOGRAPHER: On the record at  22 3:46.  23 MS. FEINSTEIN: Thank you.  24 BY MS. FEINSTEIN:  25 Q. Ms. Patton, one thing I -- I</p>	<p style="text-align: right;">Page 248</p> <p>1 Summit County who was misled by any of the  2 opioid manufacturers?  3 A. I don't.  4 Q. Are you aware of any physician --  5 or strike that.  6 Are you -- can you identify any  7 prescription for opioids written in Summit  8 County on the basis of any misrepresentation  9 made by a manufacturer?  10 A. No.  11 MS. FEINSTEIN: Thank you. I have  12 nothing further for you today, but my  13 colleagues have a few questions, so I'm going  14 to pass the mic.  15 MS. KEARSE: Just a few.  16 EXAMINATION OF KIMBERLY PATTON  17 BY MR. BOEHM:  18 Q. Good afternoon, Ms. Patton.  19 A. Hi.  20 Q. My name is Paul Boehm. I  21 introduced myself to you before we started this  22 morning.  23 A. Yes.  24 Q. And I've been sitting here  25 listening to your testimony, and I think we all</p>
<p style="text-align: right;">Page 247</p> <p>1 haven't asked you yet regarding the treatment  2 providers that -- with whom the ADM Board  3 contracts. Do you have any role in selecting  4 those treatment providers?  5 A. No.  6 Q. Do you have any role in deciding  7 what services are provided by any of the  8 treatment providers?  9 A. No.  10 Q. Do you have any personal knowledge  11 about any of the damages that Summit County  12 alleges to have sustained in this litigation?  13 A. I don't have any specific  14 knowledge, no.  15 Q. Do you have any personal knowledge  16 about how much the ADM Board has spent on  17 opioid-related expenses?  18 A. No, I don't have that.  19 Q. Do you know whether the ADM Board  20 has performed any academic research on opioids?  21 A. I don't.  22 Q. Have you been involved in any  23 academic research regarding opioids?  24 A. No.  25 Q. Are you aware of any physician in</p>	<p style="text-align: right;">Page 249</p> <p>1 thank you very much for being here.  2 A. Thank you.  3 Q. You indicated that you read just a  4 small section of the complaint that was filed  5 by the County. Is that what I understood?  6 A. Yes. What I did is I kind of just  7 skimmed over the information of the brief part  8 that related to ADM Board.  9 Q. Did you skim over any other parts  10 of the written complaint filed by Summit County  11 in this lawsuit, other than the section that  12 you perceived to be relevant to the ADAMHS  13 Board?  14 A. No, I did not.  15 Q. Did you read the section of the  16 complaint or any sections of the complaint that  17 made allegations as to wholesale drug  18 distributors?  19 A. No.  20 Q. Do you have any understanding,  21 separate and apart from conversations you've  22 had with lawyers for the County, about the  23 nature of the allegations that are being made  24 against the wholesale drug distributors in this  25 case?</p>

<p style="text-align: right;">Page 250</p> <p>1 A. I'm sorry. Can you repeat that?</p> <p>2 Q. Sure.</p> <p>3 Do you have any understanding,</p> <p>4 separate and apart from your conversations that</p> <p>5 you may have had with the lawyers for Summit</p> <p>6 County, about the substance or the nature of</p> <p>7 the allegations that are being made in this</p> <p>8 lawsuit against wholesale drug distributors?</p> <p>9 A. No.</p> <p>10 Q. Do you have any independent</p> <p>11 understanding as to why wholesale drug</p> <p>12 distributors are being named as Defendants in</p> <p>13 this lawsuit?</p> <p>14 A. No. As far as --</p> <p>15 Q. I'm sorry.</p> <p>16 A. -- as far as in referencing why</p> <p>17 they -- can I ask for clarification, as to, are</p> <p>18 you asking why -- do I have any understanding</p> <p>19 as to why they're named?</p> <p>20 Q. Yes. Do you have an understanding</p> <p>21 as to why wholesale drug distributors have been</p> <p>22 named as Defendants in this case, separate and</p> <p>23 apart from any conversations that you may have</p> <p>24 had with the lawyers for Summit County?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 252</p> <p>1 substances?</p> <p>2 A. No.</p> <p>3 Q. I saw you shake your head no, but I</p> <p>4 don't know if the court reporter --</p> <p>5 A. Oh, I said no. I'm sorry.</p> <p>6 Q. Oh, I'm sorry. I may not --</p> <p>7 A. Apologies.</p> <p>8 MS. KEARSE: Yeah, she said it --</p> <p>9 she said it too.</p> <p>10 MR. BOEHM: I'm sorry. In my</p> <p>11 dotage, I'm getting a little hard of hearing.</p> <p>12 Q. Have you ever heard of something</p> <p>13 called the aggregate production quota?</p> <p>14 A. No.</p> <p>15 Q. In your testimony before the break,</p> <p>16 you indicated that you had heard of the company</p> <p>17 Cardinal Health; is that right?</p> <p>18 A. Yes.</p> <p>19 Q. And I think you stated that your</p> <p>20 understanding is that Cardinal Health is a</p> <p>21 manufacturer of an opioid, a prescription</p> <p>22 opioid medication; is that your understanding?</p> <p>23 A. No. She, in general was naming</p> <p>24 companies and just if I've heard of those</p> <p>25 companies. I have heard of Cardinal Health.</p>
<p style="text-align: right;">Page 251</p> <p>1 Q. Prior to the filing of the lawsuit</p> <p>2 by lawyers in this case, had you ever heard</p> <p>3 anybody state or indicate that wholesale drug</p> <p>4 distributors were somehow responsible for the</p> <p>5 trends of opioid abuse and overdose in Summit</p> <p>6 County?</p> <p>7 A. No.</p> <p>8 Q. Do you know what the role of</p> <p>9 wholesale drug distributors is in the delivery</p> <p>10 of health care in the United States?</p> <p>11 A. My understanding of what their role</p> <p>12 is, my personal understanding is that they</p> <p>13 distribute the medication to the pharmacies to</p> <p>14 dispense the medication.</p> <p>15 Q. And do you know what rules and</p> <p>16 regulations govern the filling of pharmacy</p> <p>17 orders for medications by wholesale drug</p> <p>18 distributors?</p> <p>19 A. I do not.</p> <p>20 Q. Are you familiar with the United</p> <p>21 States Drug Enforcement Agency?</p> <p>22 A. I know of its existence, yes.</p> <p>23 Q. Do you know what the</p> <p>24 responsibilities of the -- of the DEA are in</p> <p>25 the context of the distribution of controlled</p>	<p style="text-align: right;">Page 253</p> <p>1 As specifically what their -- a manufacturer</p> <p>2 versus distributor, but I just heard of</p> <p>3 Cardinal Health in general.</p> <p>4 Q. Do you know an- -- I'm sorry.</p> <p>5 A. As far as the specifics, no, I</p> <p>6 don't know the specifics of Cardinal Health and</p> <p>7 what they do.</p> <p>8 Q. Okay. Do you know why Cardinal</p> <p>9 Health has been named as a Defendant in this</p> <p>10 case?</p> <p>11 A. It's my understanding that they</p> <p>12 were named in this case as a distributor.</p> <p>13 Q. Now, your testimony earlier, I</p> <p>14 heard it somewhat differently.</p> <p>15 At what point did you come to an</p> <p>16 understanding that Cardinal Health has been</p> <p>17 named as a distributor?</p> <p>18 A. In looking at the filings</p> <p>19 that the -- I don't know what the official word</p> <p>20 is the, actual filing that -- the complaint, so</p> <p>21 to speak. I saw their name listed in -- in</p> <p>22 some of the readings. As far as specifically</p> <p>23 where I was it, I don't under- -- know exactly.</p> <p>24 Q. You said that you had skimmed the</p> <p>25 complaint, to the extent that that complaint</p>

<p style="text-align: right;">Page 254</p> <p>1 had to do with the ADAMHS Board and that you</p> <p>2 hadn't skimmed any other parts of the</p> <p>3 complaint; isn't that what your testimony was</p> <p>4 earlier today?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 Misstates her testimony.</p> <p>7 A. What I had said was, yes, that I</p> <p>8 skimmed parts that I thought were relevant, as</p> <p>9 far as it relates to my employer.</p> <p>10 Q. Okay. But your testimony is now</p> <p>11 that you have skimmed parts of the complaint</p> <p>12 that referenced Cardinal?</p> <p>13 A. From what I can recall, I remember</p> <p>14 seeing Cardinal named in the complaint. As far</p> <p>15 as the specifics, I don't know.</p> <p>16 Q. But you don't know what Cardinal</p> <p>17 does, what its business is; is that right?</p> <p>18 A. No.</p> <p>19 Q. Meaning, yes, that is correct; you</p> <p>20 do not know what Cardinal does?</p> <p>21 A. Correct. I apologize. Yes, I</p> <p>22 don't know their role as a business in general.</p> <p>23 Q. Have you ever heard of McKesson?</p> <p>24 A. No.</p> <p>25 Q. Have you ever heard of</p>	<p style="text-align: right;">Page 256</p> <p>1 as Jerry Craig, Doug Smith, they have been</p> <p>2 talked to, but the nature of what they were</p> <p>3 talked to about, I do not know, so I do not</p> <p>4 know if it was regarding the accuracy or other</p> <p>5 components. I don't know what was part of</p> <p>6 those conversations because I wasn't part of</p> <p>7 them.</p> <p>8 Q. Do you know, whether it be Jerry</p> <p>9 Craig or Doug Smith or anybody else at the</p> <p>10 ADAMHS Board, whether or not any of them were</p> <p>11 consulted in any way about the nature or</p> <p>12 accuracy of the allegations that are made in</p> <p>13 this lawsuit before the lawsuit was filed?</p> <p>14 MS. KEARSE: Object to form. Asked</p> <p>15 and answered.</p> <p>16 A. As I said before, I don't know what</p> <p>17 was discussed.</p> <p>18 Q. Do you know if there were any</p> <p>19 discussions?</p> <p>20 A. (Witness shaking head.)</p> <p>21 Q. You said you don't know what was</p> <p>22 discussed, and that's why I'm asking again,</p> <p>23 because I want --</p> <p>24 A. Right.</p> <p>25 Q. Do you know if there were any</p>
<p style="text-align: right;">Page 255</p> <p>1 AmerisourceBergen?</p> <p>2 A. No.</p> <p>3 Q. Are you aware of any specific</p> <p>4 misconduct on the part of Cardinal, McKesson,</p> <p>5 or AmerisourceBergen, or any other wholesale</p> <p>6 drug distributor in Summit County in connection</p> <p>7 with trends of opioid abuse of overdoses?</p> <p>8 A. I do not know any specific</p> <p>9 information, no.</p> <p>10 Q. To the best of your knowledge, was</p> <p>11 anybody, other than yourself, who works at or</p> <p>12 on behalf of the Summit County ADAMHS Board,</p> <p>13 consulted about the accuracy of the allegations</p> <p>14 that are being made by the County in this</p> <p>15 lawsuit before the lawsuit was filed?</p> <p>16 MS. KEARSE: Object to form.</p> <p>17 A. I don't know who all specifically</p> <p>18 was engaged in conversations from our board.</p> <p>19 Q. So my question is, to your</p> <p>20 knowledge, are you aware of anybody who works</p> <p>21 at or on behalf of the ADAMHS Board for Summit</p> <p>22 County who was consulted about the accuracy of</p> <p>23 the allegations that are being made in this</p> <p>24 lawsuit?</p> <p>25 A. I do not. I know other staff such</p>	<p style="text-align: right;">Page 257</p> <p>1 discussions?</p> <p>2 A. I don't know specifically.</p> <p>3 Q. I just wanted to follow up, I</p> <p>4 think, on one last piece.</p> <p>5 During questioning earlier today,</p> <p>6 you spoke about the connection between mental</p> <p>7 illness and substance abuse. Do you recall</p> <p>8 questions on that subject?</p> <p>9 A. Yes.</p> <p>10 Q. I think you said that's an area of</p> <p>11 particular interest for you; is that right?</p> <p>12 A. Yes.</p> <p>13 Q. Is that something that you've</p> <p>14 studied, whether it be from an academic</p> <p>15 perspective or in your professional role?</p> <p>16 A. Yes. So while I was employed at</p> <p>17 Northcoast Behavioral Healthcare, I started out</p> <p>18 as the SAMI counselor, so starting at the very</p> <p>19 beginning of my employment in 2005, I was very</p> <p>20 much involved with dual diagnosis.</p> <p>21 Q. What is it, based on your</p> <p>22 understanding, from all you've learned and</p> <p>23 researched on that subject, what is it about</p> <p>24 mental illness that makes it a causal risk</p> <p>25 factor for substance abuse?</p>

<p style="text-align: right;">Page 258</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. I know individuals with mental</p> <p>3 illness will at times self-medicate with</p> <p>4 substances if they're not medicated properly or</p> <p>5 don't have insight into their mental illness.</p> <p>6 So I -- I do know that individuals with mental</p> <p>7 illness do have risk of developing substance</p> <p>8 use disorders, due to those factors or lack of</p> <p>9 coping.</p> <p>10 However, there is some question</p> <p>11 whether -- there are also some individuals that</p> <p>12 are dually diagnosed that may have began their</p> <p>13 substance use initially and then were later</p> <p>14 diagnosed with mental illness, so it's hard to</p> <p>15 determine which came first, if one actually</p> <p>16 causes the other.</p> <p>17 So because I think some individuals</p> <p>18 will have an onset of substance use and then</p> <p>19 later be diagnosed, or vice versa, have their</p> <p>20 mental illness and be self-medicating or using</p> <p>21 for other reasons, and also develop a substance</p> <p>22 use disorder.</p> <p>23 Q. Fair to say that the relationship</p> <p>24 between substance abuse and mental illness is a</p> <p>25 complex and multifaceted relationship?</p>	<p style="text-align: right;">Page 260</p> <p>1 and more about the disease of addiction and how</p> <p>2 it impacts the brain, and that there are many</p> <p>3 components with addiction, yes.</p> <p>4 MR. BOEHM: I'm going to pass the</p> <p>5 witness. I don't know if anyone else has any</p> <p>6 questions, but thank you very much for your</p> <p>7 time, Ms. Patton.</p> <p>8 THE WITNESS: Thank you.</p> <p>9 Getting too far down the line.</p> <p>10 EXAMINATION OF KIMBERLY PATTON</p> <p>11 BY MS. MORRISON:</p> <p>12 Q. Good afternoon, Ms. Patton. I'm</p> <p>13 Kristin Morrison. I'm an attorney on behalf of</p> <p>14 Walmart here. Long day.</p> <p>15 I want to talk to you a little bit</p> <p>16 about additional information about opioid</p> <p>17 addiction and some overdose issues you</p> <p>18 discussed earlier with respect to the tracking</p> <p>19 that the ADAMHS Board does.</p> <p>20 Does the ADAMHS Board's tracking</p> <p>21 allow you to identify any overdoses that were</p> <p>22 caused by an individual taking a prescription</p> <p>23 opioid medication consistent with their</p> <p>24 doctor's instructions?</p> <p>25 A. Not to my knowledge.</p>
<p style="text-align: right;">Page 259</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. I definitely think it is complex,</p> <p>3 because there are many factors, and there are</p> <p>4 also individuals that have solely mental health</p> <p>5 diagnoses and individuals that just because</p> <p>6 they have a mental illness doesn't mean they're</p> <p>7 going to develop a substance abuse disorder,</p> <p>8 and vice versa, just because someone is using</p> <p>9 substances doesn't mean they're going to</p> <p>10 develop a mental health diagnosis. Similar to</p> <p>11 that, where they can be more likely to develop</p> <p>12 medical problems, other medical issues as well.</p> <p>13 So I think, yes, it is a complex</p> <p>14 illness. But I also believe that it's only one</p> <p>15 component, and that, like I said before, there</p> <p>16 are individuals that have mental illness and</p> <p>17 never develop a substance use disorder or use</p> <p>18 substance uses [sic] and never develop a mental</p> <p>19 illness.</p> <p>20 Q. Do you agree that the disease of</p> <p>21 addiction itself is an extremely complex and</p> <p>22 multifaceted disease?</p> <p>23 MS. KEARSE: Object to form.</p> <p>24 A. I believe that the disease of</p> <p>25 addiction is, we're learning, every day, more</p>	<p style="text-align: right;">Page 261</p> <p>1 Q. Does the ADAMHS Board's tracking</p> <p>2 allow you to identify how many overdoses were</p> <p>3 caused by altering the medication in some way,</p> <p>4 such as crushing or tampering with prescription</p> <p>5 opioid pills?</p> <p>6 A. Not to my knowledge.</p> <p>7 Q. Fair to say that the ADAMHS Board's</p> <p>8 tracking does not allow you to identify how</p> <p>9 many overdoses were caused by an individual</p> <p>10 simply taking too many of their prescribed</p> <p>11 opioid pills?</p> <p>12 A. As far as the specific tracking by</p> <p>13 the ADM Board specifically, we -- we do not, to</p> <p>14 my knowledge, track the overdose rates and</p> <p>15 break it down by that information of -- it was</p> <p>16 just an overdose, is my understanding is the</p> <p>17 information that we receive.</p> <p>18 Q. So just so I'm clear, the ADAMHS</p> <p>19 Board does not track whether an overdose was</p> <p>20 caused by someone taking too many of their</p> <p>21 prescribed medications?</p> <p>22 A. To my knowledge, no.</p> <p>23 Q. And also fair to say the ADAMHS</p> <p>24 Board's tracking does not allow it to identify</p> <p>25 how many overdoses were caused by an individual</p>



<p style="text-align: right;">Page 262</p> <p>1 taking a medication that had been prescribed to 2 someone else? 3 A. Not at ADM, no. 4 THE REPORTER: Not what? 5 THE WITNESS: Not at ADM, no. 6 Sorry about that. 7 Q. Do you have any personal knowledge 8 of an example of an improper prescription for 9 opioids that was written in Summit County? 10 A. I do not. 11 Q. Do you have any personal knowledge 12 of a prescription opioid being improperly 13 dispensed by a pharmacy in Summit County? 14 A. I do not. 15 Q. Do you have any understanding, 16 separate and apart from conversations with the 17 lawyers for Summit County, about why the Retail 18 Pharmacy Defendants that you've named earlier 19 today were named in this lawsuit? 20 A. I do not. 21 Q. Are you aware of any client of the 22 ADAMHS Board who overdosed with opioid drugs 23 from one of the Pharmacy Defendants in this 24 lawsuit? 25 A. I do not.</p>	<p style="text-align: right;">Page 264</p> <p>1 A. Correct. 2 Q. And what position is that? 3 A. When I worked at Northcoast 4 Behavioral Healthcare, our physician, our 5 psychiatrist utilized the OARRS system. 6 Q. Did you utilize the OARRS system in 7 your role at Northcoast Behavioral Healthcare? 8 A. I did not. 9 Q. Do you have an understanding of how 10 your psych- -- your -- was it a physician or a 11 psychologist? Who was it that used the OARRS 12 data? 13 A. The psychiatrist at Northcoast. 14 Q. Do you have any familiarity with 15 what the psychiatrist at Northcoast used the 16 OARRS data for? 17 A. On any new admissions that came 18 into the hospital, they would, if a client 19 reported being prescribed the medications, they 20 would crosscheck the -- they would look at the 21 OARRS system, and then they used -- when -- 22 then they further transitioned it to any client 23 that was admitted to the hospital, they would 24 automatically run an OARRS report on that 25 client.</p>
<p style="text-align: right;">Page 263</p> <p>1 Q. Did you ever try to contact any of 2 the Pharmacy Defendants to seek their 3 assistance with dealing with the opioid problem 4 in Summit County? 5 A. I have not. 6 Q. Do you know if anyone else at the 7 ADAMHS Board has done so? 8 A. I do not know. 9 Q. Have you interacted with the Ohio 10 Board of Pharmacy in your role at the ADAMHS 11 Board? 12 A. No. 13 Q. Are you familiar with ARCOS data? 14 A. No. 15 Q. Automatic -- Automated Reports and 16 Consolidated Ordering System? 17 A. No. 18 Q. What about OARRS reporting, Ohio 19 Automated Prescription Reporting System? 20 A. I am familiar with OARRS. 21 Q. In what way are you familiar with 22 OARRS at your role at the ADAMHS Board? 23 A. In my role at the ADAMHS Board, no. 24 Q. So your familiarity with OARRS 25 comes from a prior position you had?</p>	<p style="text-align: right;">Page 265</p> <p>1 Q. Do you know the purpose for which 2 they used the OARRS report after they ran it? 3 A. So if an individual was coming in 4 with a substance use disorder and they were 5 maybe not completely honest with the 6 psychiatrist while their care at the hospital, 7 the psychiatrist would sometimes use that 8 record reporting in working with the client to 9 address the contradictions. 10 Q. Do you know what time frame, the 11 earliest time frame you know that a -- that a 12 psychiatrist used an OARRS report at Northcoast 13 Behavioral Healthcare? 14 A. Can you just -- 15 Q. The earliest -- the earliest time 16 period you recall being aware that the 17 psychiatrist was using an OARRS report? 18 A. I don't know the specific time 19 frame. I know -- I'm sorry. Are you talking 20 about, like, what year -- 21 Q. Yes. 22 A. -- they started? Okay. I don't 23 know the specific year. I can say that when it 24 was created, they began implementing it, but I 25 don't know the specific year as to when that</p>




<p style="text-align: right;">Page 266</p> <p>1 was created. And then they would run it if an  2 individual came in with substance use as part  3 of the admission data, they would run that  4 report at admission.  5 Q. So as far as you know, as soon as  6 an OARRS report data was available for use, the  7 psychiatrist at Northcoast Behavioral  8 Healthcare started using it?  9 A. That's my understanding.  10 MS. KEARSE: Object to form.  11 Q. Okay. You mentioned earlier in  12 your testimony a little bit about dispensing  13 and pharmacies dispensing prescription opioids.  14 Would you agree that it can be  15 appropriate for pharmacists to stock and to  16 fill prescriptions for opioids?  17 A. Yes.  18 MS. MORRISON: I may be done. Let  19 me go off the record for a few minutes to  20 confer with my colleagues.  21 THE WITNESS: Okay.  22 MS. MORRISON: Thank you.  23 THE VIDEOGRAPHER: Off the record,  24 4:10.  25 (A recess was taken.)</p>	<p style="text-align: right;">Page 268</p> <p>1 for Counsel.  2 A couple, just, things I want to  3 clarify.  4 Counsel for Teva asked you  5 questions about prevention programs provided by  6 the ADM specific to opioids. Do you recall  7 that line of questioning?  8 A. Yes.  9 Q. Do ADM programs, do the prevention  10 programs that ADM does provide, do they include  11 components that deal specifically with opioids?  12 A. Yes. They do -- the prevention  13 programs that are funded through ADM Board do  14 address opioids, as well as other substances.  15 Q. And are there ADM-targeted  16 prevention grants, meaning that ADM actually  17 provides grants and pays for prevention  18 programs that are specific to opioids?  19 MS. FEINSTEIN: Objection. Form.  20 A. So we do have targeted prevention  21 grants. They have been in place since I've  22 been employed at ADM Board. And to my  23 knowledge, 2015-'16, school year, there --  24 Pastoral Counseling Services did receive a  25 grant as part of that grant funding to</p>
<p style="text-align: right;">Page 267</p> <p>1 THE VIDEOGRAPHER: On the record,  2 4:13.  3 MS. MORRISON: Thank you  4 Mrs. Patton. I am done with questions. My  5 colleagues in the room are done.  6 Does anyone on the phone have any  7 questions.  8 MS. McINTYRE: Jill McIntyre. I do  9 not.  10 MS. MORRISON: Anyone else?  11 Hearing none, do you have any  12 redirect?  13 MS. KEARSE: Yeah, I'm going to  14 actually take a break and look to see that. I  15 wasn't sure, so let us take our break and we  16 will let you know.  17 THE VIDEOGRAPHER: Off the record,  18 4:14.  19 (A recess was taken.)  20 THE VIDEOGRAPHER: On the record  21 4:46.  22 EXAMINATION OF KIMBERLY PATTON  23 BY MS. KEARSE:  24 Q. Ms. Patton, Anne Kearse. Thank you  25 for being here today and answering questions</p>	<p style="text-align: right;">Page 269</p> <p>1 administer Generation Rx curriculum within the  2 Akron Public Schools that they were in.  3 And in 2017, the '17-'18 school  4 year, Kenmore Garfield High School in Akron  5 implemented an athletic prevention program  6 where they also implemented the Generation Rx  7 curriculum amongst athletes in the high school.  8 Q. Okay. And that's -- that's just --  9 fair to say, ADM does provide grant dollars  10 specific to opioid prevention and use within  11 Summit County; is that correct?  12 MS. FEINSTEIN: Objection. Form.  13 A. Yes.  14 Q. Ms. Patton, do you recall a line of  15 questioning from counsel for Teva about when  16 you first learned about a public health crisis  17 in Summit County? Do you recall that?  18 A. Yes.  19 Q. Okay. And as to Summit County  20 specifically, when's the first time that you  21 became aware that Summit County was facing a  22 public health crisis as it relates to opioid  23 use?  24 A. As it relates specific to Summit  25 County, when I became employed with the ADM</p>

<p style="text-align: right;">Page 270</p> <p>1 Board in May of 2016, I, soon after that, saw  2 the impact it was having in our community, in  3 those months soon to follow, whereas many of  4 our systems were becoming overloaded, whereas  5 Summit County Children Services was taking in  6 kids beyond capacity, whether it's because  7 children lost their caregivers to overdose, or  8 if they were in the criminal justice system.  9 We also had mobile morgues  10 delivered and set up within our county at that  11 time, and we were getting calls at the ADM  12 Board at that time, in that -- those summer  13 months of 2016, where people were fearful,  14 calling.  15 I had one individual, a family  16 member call, indicating their family member  17 overdosed four times, and how can they just get  18 them into treatment because they don't want  19 them to die.  20 So as far as Summit County  21 specifically, it really wasn't -- it was when I  22 first became employed with the ADM Board and  23 was working with the ADM Board.  24 MS. FEINSTEIN: I'm going to move  25 to strike the non-responsive portion of that</p>	<p style="text-align: right;">Page 272</p> <p>1 assessed on December 27th, cleared for  2 admission into a residential treatment program  3 on the 9th. We called -- at least scheduled  4 her on the 14th. When we made that phone call,  5 her grandmother, at the time, told us that she  6 had passed away on that Sunday, on the 13th,  7 prior, of an overdose.  8 Q. Has the opioid crisis in Summit  9 County impacted people of all ages?  10 A. I believe so, yes. You know, we  11 have children that have been impacted by this.  12 We have adults, young adults, adults, as well  13 as older adults that are -- have all been  14 impacted by this within the community.  15 Q. Has it impacted people of all  16 races?  17 A. Yes.  18 Q. Socioeconomic statuses?  19 A. Yes.  20 Q. Gender?  21 A. Yes.  22 Q. And is it still the goal of the ADM  23 and as your role as -- in a -- with the ADM to  24 attempt to try and get people into service  25 quicker so that they can perhaps be saved?</p>
<p style="text-align: right;">Page 271</p> <p>1 answer.  2 Q. And regarding the -- well, let me  3 ask you this. To when -- when you came to  4 Summit County, after you came to Summit County,  5 did you see a rise in the number of deaths and  6 people dying of opioid-related use?  7 MS. FEINSTEIN: Objection. Form.  8 A. So when I became employed by Summit  9 County ADM Board, that is when I became aware  10 of the numbers of overdoses within the county.  11 As I mentioned before, it really wasn't on my  12 radar prior to that employment.  13 Q. And as for Summit County, is Summit  14 County still facing an opioid crisis today?  15 A. I believe so.  16 Q. Okay. And do you have a reason  17 to -- what are some examples that you still see  18 today?  19 A. You know, I believe we have done a  20 good job at expanding capacity at our  21 providers, as well as trying to streamline the  22 process to get individuals into services  23 quicker; however, as late as last week, we had  24 an individual, a female, that we were trying to  25 get into residential treatment. She was</p>	<p style="text-align: right;">Page 273</p> <p>1 A. Yes. Our overall goal is to  2 streamline the services as much as possible so  3 that we can get the individuals the services  4 they need as quickly as possible.  5 MS. KEARSE: Okay. Thank you,  6 Ms. Patton. No further questions.  7 MS. FEINSTEIN: I just have a  8 couple of follow-up for you.  9 THE WITNESS: Uh-huh.  10 EXAMINATION OF KIMBERLY PATTON  11 BY MS. FEINSTEIN:  12 Q. The grants that you just testified  13 about in response to the questions from your  14 counsel, do you know the source of the funds  15 for those grants?  16 A. I know it's ADM funding. I don't  17 know specifically what part of the ADM funding  18 it is.  19 Q. Do you know whether Summit County  20 has provided to the ADM any additional funds to  21 fund those grants?  22 A. Can you clarify -- when you say  23 Summit County, because I know we've talked  24 taxpayer money versus government.  25 Q. Sure. So based on your earlier</p>

<p style="text-align: right;">Page 274</p> <p>1 testimony --</p> <p>2 A. Yes.</p> <p>3 Q. -- it's my understanding that you</p> <p>4 know that the ADM Board is funded by a levy?</p> <p>5 A. Correct.</p> <p>6 Q. The grants that you just testified</p> <p>7 about moments ago, do you know whether those</p> <p>8 grants come from the levy funds?</p> <p>9 A. I don't know for sure.</p> <p>10 Q. Do you know whether Summit County</p> <p>11 provides any funds, other than the levy funds</p> <p>12 that are from the designated grant --</p> <p>13 designated levy, does Summit County provide any</p> <p>14 funds specific to the ADM Board for the funding</p> <p>15 of those grants?</p> <p>16 A. Not that I'm aware of.</p> <p>17 Q. How much are the grants that you</p> <p>18 just testified about?</p> <p>19 A. The 2015-'16 grant, I don't know</p> <p>20 that specific dollar amount, because they were</p> <p>21 already awarded prior to me coming on board,</p> <p>22 and I was just responsible for the outcomes.</p> <p>23 The 2017 grant that was issued to</p> <p>24 Kenmore Garfield High School was in the amount</p> <p>25 of \$2,500.</p>	<p style="text-align: right;">Page 276</p> <p>1 BY MR. BOEHM:</p> <p>2 Q. Thank you. Just had to fix the</p> <p>3 microphone so that I could ask you a few</p> <p>4 questions, Ms. Patton. Thank you.</p> <p>5 You indicated that with respect</p> <p>6 specifically to Summit County, it was when you</p> <p>7 became employed in 2016 that you determined</p> <p>8 that there was an opioid abuse epidemic taking</p> <p>9 place in Summit County; is that right?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 Misstates her testimony.</p> <p>12 A. So when I was -- began my</p> <p>13 employment in May of 2016, that is really when</p> <p>14 I became aware of the opiate crisis within</p> <p>15 Summit County.</p> <p>16 Q. Is it your testimony that the</p> <p>17 opiate crisis within Summit County was already</p> <p>18 underway when you joined the ADAMHS Board in</p> <p>19 2016?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 Misstates her testimony.</p> <p>22 A. I can't speak as far as because</p> <p>23 I -- as mentioned before, I really did not</p> <p>24 follow Summit County and their ADM Board prior</p> <p>25 to my employment, so I don't know what the</p>
<p style="text-align: right;">Page 275</p> <p>1 Q. Are you aware of any other grants</p> <p>2 that fall in the category of those prevention</p> <p>3 grants?</p> <p>4 A. For the targeted prevention grants,</p> <p>5 there were no other grants, of those grants</p> <p>6 that were opioid-specific.</p> <p>7 Q. The woman that you just told the</p> <p>8 story about who was placed in the residential</p> <p>9 facility but unfortunately did not make it into</p> <p>10 the facility before suffering an overdose, do</p> <p>11 you know whether she overdosed on prescription</p> <p>12 opioids?</p> <p>13 A. I do not know that specifically;</p> <p>14 however, I do know that we are following up to</p> <p>15 get an incident report on the situation.</p> <p>16 Q. What information would you need to</p> <p>17 confirm what she overdosed on?</p> <p>18 A. Ultimately, the tox -- a tox screen</p> <p>19 from the medical examiner would confirm it.</p> <p>20 Part of the unusual incident reporting process,</p> <p>21 though, is the treatment -- treatment provider</p> <p>22 that she was linked with will do a report to</p> <p>23 us, and if there was anything reported to them,</p> <p>24 they can indicate it at that time.</p> <p>25 EXAMINATION OF KIMBERLY PATTON</p>	<p style="text-align: right;">Page 277</p> <p>1 situation was prior to my employment.</p> <p>2 Q. But did you determine, when you</p> <p>3 joined the ADAMHS Board, that the opioid</p> <p>4 epidemic was already underway when you joined?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 Q. Or do you have no idea one way or</p> <p>7 another?</p> <p>8 A. So I believe when I became employed</p> <p>9 in -- as I had mentioned soon after I became</p> <p>10 employed, I don't know the specific date, but</p> <p>11 that was really when we saw a spike in the</p> <p>12 deaths and the mobile morgue coming, so as far</p> <p>13 as was it a crisis beforehand, I don't know</p> <p>14 what state the county was in prior to me</p> <p>15 becoming employed.</p> <p>16 Q. Have you ever undertaken any effort</p> <p>17 to try and understand when Summit County, the</p> <p>18 trends of prescription opioid abuse and</p> <p>19 overdoses, started to go upward?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. Can you clarify? When you say have</p> <p>22 I ever made --</p> <p>23 Q. Have you ever undertaken any effort</p> <p>24 to try and determine when prescription opioid</p> <p>25 abuse and overdoses started to trend upward in</p>

<p style="text-align: right;">Page 278</p> <p>1 Summit County?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. So I myself have not -- have not</p> <p>4 personally researched or attempted to analyze</p> <p>5 that.</p> <p>6 Q. Have you ever asked anybody at</p> <p>7 ADAMHS or anybody else in the county government</p> <p>8 whether they have ever undertaken to try and</p> <p>9 understand when the trend started to go upward</p> <p>10 in terms of prescription drug abuse or</p> <p>11 overdoses?</p> <p>12 MS. KEARSE: Object to form.</p> <p>13 A. I have not.</p> <p>14 Q. So as you sit here -- as you sit</p> <p>15 here today, you don't know whether or not</p> <p>16 anybody has ever investigated the causes or the</p> <p>17 beginning of the opioid use epidemic in Summit</p> <p>18 County; is that fair?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. No, I don't personally have that</p> <p>21 knowledge.</p> <p>22 Q. Did you read newspapers in the late</p> <p>23 1990s and early 2000s?</p> <p>24 A. Not really.</p> <p>25 Q. Do you ever read newspapers?</p>	<p style="text-align: right;">Page 280</p> <p>1 MS. KEARSE: Well, no, we --</p> <p>2 MR. BOEHM: We took at least 30</p> <p>3 seconds for me to fix my microphone.</p> <p>4 MS. SALERNO: I stopped it.</p> <p>5 MS. KEARSE: We stopped it. We</p> <p>6 did. We timed it on that.</p> <p>7 MR. BOEHM: Okay. I'm -- under</p> <p>8 protest, I will stop.</p> <p>9 MS. KEARSE: Okay. Thank you</p> <p>10 Ms. Patton.</p> <p>11 THE WITNESS: Thank you.</p> <p>12 THE VIDEOGRAPHER: Off the record,</p> <p>13 5:00 p.m.</p> <p>14 (Deposition concluded at 5:00 p.m.)</p> <p>15 ~ ~ ~ ~ ~</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 279</p> <p>1 A. Occasionally.</p> <p>2 Q. What newspapers do you read?</p> <p>3 A. Well, now, more recently, because</p> <p>4 everything is virtually online, it will be</p> <p>5 articles online that --</p> <p>6 Q. When did you start reading</p> <p>7 newspapers?</p> <p>8 A. I don't know.</p> <p>9 Q. Don't know?</p> <p>10 What news- -- newspapers have you</p> <p>11 read?</p> <p>12 A. Plain Dealer.</p> <p>13 Q. When did you start reading the</p> <p>14 Plain Dealer?</p> <p>15 A. I have no idea.</p> <p>16 MS. KEARSE: Counsel, the time is</p> <p>17 up.</p> <p>18 Q. Do you read -- do you read national</p> <p>19 newspapers?</p> <p>20 A. No.</p> <p>21 Q. No?</p> <p>22 MS. KEARSE: Okay. That's the last</p> <p>23 question, Counsel.</p> <p>24 MR. BOEHM: No, I'm not -- I'm not</p> <p>25 quite done.</p>	<p style="text-align: right;">Page 281</p> <p>1 Whereupon, counsel was requested to give</p> <p>2 instructions regarding the witness's review of</p> <p>3 the transcript pursuant to the Civil Rules.</p> <p>4</p> <p>5 SIGNATURE:</p> <p>6 Transcript review was requested pursuant to the</p> <p>7 applicable Rules of Civil Procedure.</p> <p>8</p> <p>9 TRANSCRIPT DELIVERY:</p> <p>10 Counsel was requested to give instructions</p> <p>11 regarding delivery date of transcript.</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

<p style="text-align: right;">Page 282</p> <p>1 REPORTER'S CERTIFICATE</p> <p>2 The State of Ohio, )</p> <p>3 SS:</p> <p>4 County of Cuyahoga. )</p> <p>5</p> <p>6 I, Stephen J. DeBacco, a Notary</p> <p>7 Public within and for the State of Ohio, duly</p> <p>8 commissioned and qualified, do hereby certify</p> <p>9 that the within named witness, KIMBERLY PATTON,</p> <p>10 was by me first duly sworn to testify the</p> <p>11 truth, the whole truth and nothing but the</p> <p>12 truth in the cause aforesaid; that the</p> <p>13 testimony then given by the above-referenced</p> <p>14 witness was by me reduced to stenotypy in the</p> <p>15 presence of said witness; afterwards</p> <p>16 transcribed, and that the foregoing is a true</p> <p>17 and correct transcription of the testimony so</p> <p>18 given by the above-referenced witness.</p> <p>19 I do further certify that this</p> <p>20 deposition was taken at the time and place in</p> <p>21 the foregoing caption specified and was</p> <p>22 completed without adjournment.</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 284</p> <p>1 Veritext Legal Solutions</p> <p>2 1100 Superior Ave</p> <p>3 Suite 1820</p> <p>4 Cleveland, Ohio 44114</p> <p>5 Phone: 216-523-1313</p> <p>6 January 25, 2019</p> <p>7 To: Anne McGuinness Kearsse</p> <p>8 Case Name: In Re: National Prescription Opiate Litigation v.</p> <p>9 Veritext Reference Number: 3188714</p> <p>10 Witness: Kimberly Patton Deposition Date: 1/22/2019</p> <p>11 Dear Sir/Madam:</p> <p>12 Enclosed please find a deposition transcript. Please have the witness</p> <p>13 review the transcript and note any changes or corrections on the</p> <p>14 included errata sheet, indicating the page, line number, change, and</p> <p>15 the reason for the change. Have the witness' signature notarized and</p> <p>16 forward the completed page(s) back to us at the Production address</p> <p>17 shown</p> <p>18 above, or email to production-midwest@veritext.com.</p> <p>19 If the errata is not returned within thirty days of your receipt of</p> <p>20 this letter, the reading and signing will be deemed waived.</p> <p>21 Sincerely,</p> <p>22 Production Department</p> <p>23</p> <p>24</p> <p>25 NO NOTARY REQUIRED IN CA</p>
<p style="text-align: right;">Page 283</p> <p>1 I do further certify that I am not</p> <p>2 a relative, counsel or attorney for either</p> <p>3 party, or otherwise interested in the event of</p> <p>4 this action.</p> <p>5 IN WITNESS WHEREOF, I have hereunto</p> <p>6 set my hand and affixed my seal of office at</p> <p>7 Cleveland, Ohio, on this 25th day of</p> <p>8 January, 2019.</p> <p>9</p> <p>10</p> <p>11</p> <p>12 </p> <p>13</p> <p>14 Stephen J. DeBacco, Notary Public</p> <p>15 within and for the State of Ohio</p> <p>16</p> <p>17 My commission expires September 30, 2022.</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 285</p> <p>1 DEPOSITION REVIEW</p> <p>2 CERTIFICATION OF WITNESS</p> <p>3 ASSIGNMENT REFERENCE NO: 3188714</p> <p>4 CASE NAME: In Re: National Prescription Opiate Litigation v.</p> <p>5 DATE OF DEPOSITION: 1/22/2019</p> <p>6 WITNESS' NAME: Kimberly Patton</p> <p>7 In accordance with the Rules of Civil</p> <p>8 Procedure, I have read the entire transcript of</p> <p>9 my testimony or it has been read to me.</p> <p>10 I have made no changes to the testimony</p> <p>11 as transcribed by the court reporter.</p> <p>12</p> <p>13 Date _____ Kimberly Patton</p> <p>14 Sworn to and subscribed before me, a</p> <p>15 Notary Public in and for the State and County,</p> <p>16 the referenced witness did personally appear</p> <p>17 and acknowledge that:</p> <p>18 They have read the transcript;</p> <p>19 They signed the foregoing Sworn</p> <p>20 Statement; and</p> <p>21 Their execution of this Statement is of</p> <p>22 their free act and deed.</p> <p>23</p> <p>24 I have affixed my name and official seal</p> <p>25 this _____ day of _____, 20____.</p> <p>Notary Public</p> <p>Commission Expiration Date</p>



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1 DEPOSITION REVIEW  
CERTIFICATION OF WITNESS

2

3 ASSIGNMENT REFERENCE NO: 3188714  
CASE NAME: In Re: National Prescription Opiate Litigation v.  
DATE OF DEPOSITION: 1/22/2019

4 WITNESS' NAME: Kimberly Patton

5 In accordance with the Rules of Civil  
Procedure, I have read the entire transcript of  
6 my testimony or it has been read to me.

7 I have listed my changes on the attached  
Errata Sheet, listing page and line numbers as  
8 well as the reason(s) for the change(s).

9 I request that these changes be entered  
as part of the record of my testimony.

10

11 I have executed the Errata Sheet, as well  
as this Certificate, and request and authorize  
that both be appended to the transcript of my  
12 testimony and be incorporated therein.

13 \_\_\_\_\_  
Date Kimberly Patton

14

15 Sworn to and subscribed before me, a  
Notary Public in and for the State and County,  
the referenced witness did personally appear  
16 and acknowledge that:

17 They have read the transcript;  
They have listed all of their corrections  
18 in the appended Errata Sheet;  
They signed the foregoing Sworn  
19 Statement; and  
Their execution of this Statement is of  
20 their free act and deed.

21 I have affixed my name and official seal  
22 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

23 \_\_\_\_\_  
Notary Public

24

25 \_\_\_\_\_  
Commission Expiration Date

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1 ERRATA SHEET  
VERITEXT LEGAL SOLUTIONS MIDWEST

2 ASSIGNMENT NO: 1/22/2019

3 PAGE/LINE(S) / CHANGE /REASON

4 \_\_\_\_\_

5 \_\_\_\_\_

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18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_  
Date Kimberly Patton

21 SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_

22 DAY OF \_\_\_\_\_, 20\_\_\_\_.

23 \_\_\_\_\_  
Notary Public

24

25 \_\_\_\_\_  
Commission Expiration Date

73 (Pages 286 - 287)

[&amp; - 2017]

Page 1

<b>&amp;</b>	<b>051</b> 183:20 184:8	<b>17</b> 1:6,10 72:14 225:5 269:3	257:19
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[wait - yeah]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS  
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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